

## LA-UR-18-24667

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Title:	2017 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-To-Know Act of 1986, Title III, Section 313
Author(s):	Whetham, Walter Wiley
Intended for:	Environmental Regulatory Document
Issued:	2018-07-09 (rev.1)

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Form Approved OMB Number: 2025-0009  
Approval Expires: 2018-06-30

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EPA		FORM R		TRI Facility ID Number	
United States Environmental Protection Agency		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.		87544SDLSL52835	
				Toxic Chemical, Category, or Generic Name	
				Lead	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: 2017					
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) [ X ] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [ ] Sanitized [ ] Unsanitized (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:	
Adrienne Nash General Engineer		Reference Copy: Copy of Record Resides in CDX		2018-06-18	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		87544SDLSL52835	
Facility or Establishment Name					
U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY					
Street		Mailing Address (if different from physical street address)			
3747 WEST JEMEZ ROAD, TA-3, BLDG. 1410, MS-A316					
City/County/Tribe/State/ZIP Code		City/State/ZIP Code		Country (Non-US)	
LOS ALAMOS / Los Alamos / BIA Code: / NM / 87544		/ /			
4.2 This report contains information for : ( Important: check a or b; check c or d if applicable)		a. [ X ] An Entire facility		b. [ ] Part of a facility	
		c. [ X ] A Federal facility		d. [ ] G000	
4.3		Technical Contact name		ADRIENNE NASH	
		Email Address		ADRIENNE.NASH@NNSA.DOE.GOV	
4.4		Public Contact name		ADRIENNE NASH	
		Email Address		ADRIENNE.NASH@NNSA.DOE.GOV	
4.5		NAICS Code(s) (6 digits)		a. 928110 (Primary)	
		b.		c.	
		d.		e.	
		f.			
4.6		Dun and Bradstreet Number(s) (9 digits)			
a. NA					
b.					
SECTION 5. PARENT COMPANY INFORMATION					
5.1		Name of U.S. Parent Company (for TRI Reporting purposes)		US DEPARTMENT OF ENERGY	
5.2		Parent Company's Dun & Bradstreet Number		NA [ X ]	

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TR Facility ID Number <b>87544SDL52835</b>		
		Toxic Chemical, Category, or Generic Name <b>Lead</b>		
<b>SECTION 1. TOXIC CHEMICAL IDENTITY</b> (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.) <b>007439921</b>			
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Lead</b>			
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). <b>NA</b>			
<b>SECTION 2. MIXTURE COMPONENT IDENTITY</b> (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, spaces, and punctuation.) <b>NA</b>			
<b>SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY</b> (Important: Check all that apply.)				
3.1	Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2	Process the toxic chemical:	
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 checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity		
		3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid b. <input type="checkbox"/> As a manufacturing aid c. <input checked="" type="checkbox"/> Ancillary or other use		
<b>SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR</b>				
4.1 <b>05</b> (Enter two-digit code from instruction package.)				
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE</b>				
		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	NA <input type="checkbox"/>	<b>3</b>	<b>C</b>
5.2	Stack or point air emissions	NA <input type="checkbox"/>	<b>0.44</b>	<b>E1</b>
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA <input type="checkbox"/>		
Stream or Water Body Name		Reach Code (optional)		
5.3.1	<b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>		<b>0.058</b>	<b>M2</b>
5.3.2	<b>MORTANDAD TRIBUTARY</b>		<b>0.008</b>	<b>M2</b>
5.3.3	<b>SANDIA TRIBUTARY TO RIO GRANDE</b>		<b>0.152</b>	<b>M2</b>

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\*\* Do not send to EPA: This is the final copy of your form.\*\*\*

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number <b>87544SDLSL52835</b>	
		Toxic Chemical, Category, or Generic Name <b>Lead</b>	

SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)

	NA	A. Total Release (pounds/year*) (Enter 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	[ X ]		
5.4.2 Class II-V Underground Injection wells	[ X ]		
5.5.1.A RCRA subtitle C landfills	[ X ]		
5.5.1.B Other landfills	[ X ]		
5.5.2 Land treatment/application farming	[ X ]		
5.5.3A RCRA Subtitle C surface impoundments	[ X ]		
5.5.3B Other surface impoundments	[ X ]		
5.5.4 Other disposal	[ ]	<b>1138</b>	<b>C</b>

SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS

6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)	NA [ X ]
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\*For Dioxin and Dioxin-like Compounds, report in grams/year

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

TRI Facility ID Number

87544SDLSL52835

Toxic Chemical, Category, or Generic Name

Lead

## SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS

NA ☐

## 6.2.1 Off-Site EPA Identification Number (RCRA ID No.)

UTD982598898

Off-Site Location Name:

ENERGYSOLUTIONS CLIVE FACILITY

Off-Site Address:

U.S. INTERSTATE 80, EXIT 49, F

City	GRANTSVILLE	County	Tooele	State	UT	ZIP	84029	Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (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. 443.8

1. O

1. M65

## 6.2.2 Off-Site EPA Identification Number (RCRA ID No.)

WAR000010355

Off-Site Location Name:

PERMA-FX NORTHWEST RICHLAND INC

Off-Site Address:

2025 BATTELLE BOULEVARD

City	RICHLAND	County	Benton	State	WA	ZIP	99354	Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (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. 1.8

1. O

1. M64

## 6.2.3 Off-Site EPA Identification Number (RCRA ID No.)

COD980591184

Off-Site Location Name:

VEOLIA ES TECHNICAL SOLUTIONS LLC

Off-Site Address:

9131 EAST 96TH AVENUE

City	HENDERSON	County	Adams	State	CO	ZIP	80640	Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (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. 1.2

1. O

1. M64

## 6.2.4 Off-Site EPA Identification Number (RCRA ID No.)

TXR000075788

Off-Site Location Name:

WASTE CONTROL SPECIALISTS ANDREWS FACILITY

Off-Site Address:

9998 W STATE HIGHWAY 176

City	ANDREWS	County	Andrews	State	TX	ZIP	79714	Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (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. 28.3

1. O

1. M64

## 6.2.5 Off-Site EPA Identification Number (RCRA ID No.)

NMD986683563

Off-Site Location Name:

WASTE MGMT OF NEW MEXICO

Off-Site Address:

402 INDUSTRIAL PARK LOOP NE

City	RIO RANCHO	County	Sandoval	State	NM	ZIP	87124	Country (Non-US)	
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Is location under control of reporting facility or parent company?

☐ Yes ☒ NoA. Total Transfer (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. 1.4

1. O

1. M64

## 6.2.6 Off-Site EPA Identification Number (RCRA ID No.)

NV2890009002

Off-Site Location Name:

National Security Technologies, LLC for USDOE

Off-Site Address:

NNSS - Zone 2 National Nuclear Security Administration WM



City	<b>Mercury</b>	County	<b>Nye</b>	State	<b>NV</b>	ZIP	<b>89023</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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. <b>1.2</b>		1. <b>O</b>		1. <b>M65</b>					
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)				<b>NM4890139088</b>					
Off-Site Location Name:				<b>Waste Isolation Pilot Plant</b>					
Off-Site Address:				<b>4021 National Parks Highway</b>					
City	<b>Carlsbad</b>	County	<b>Eddy</b>	State	<b>NM</b>	ZIP	<b>88221</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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. <b>5.2</b>		1. <b>O</b>		1. <b>M41</b>					
<b>SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY</b>									
<input type="checkbox"/> 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. Waste Treatment Efficiency Estimate				
<b>7A. 1 a</b>	<b>7A. 1 b</b>				<b>7A. 1 c</b>				
<b>W</b>	<b>2: H123 3: H077 4: H082 5: H124 6: H129 7: H122</b>				<b>E3</b>				
<b>7A. 2 a</b>	<b>7A. 2 b</b>				<b>7A. 2 c</b>				
<b>S</b>	<b>2: H101</b>				<b>E6</b>				

\*For Dioxin and Dioxin-like Compounds, report in grams/year

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number		
		87544SDL52835		
		Toxic Chemical, Category, or Generic Name		
		Lead		

  

**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)]

  

**SECTION 7C. ON-SITE RECYCLING 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)]

  

**SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT**

		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*)
<b>8.1 - 8.7 Production-Related Waste Managed</b>					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1190.417	1141.658	1200	1200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	3754.3	477.7	2000	2000
8.1d	Total other off-site disposal or other releases	50.6	5.2	20	20
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**	NA			
8.9	[ ] Production ratio or [X] Activity ratio (select one and enter value to right)	0.89			
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 [X]			
Source Reduction Activities (Enter code(s))		Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

\*For Dioxin and Dioxin-like Compounds, report in grams/year



TRI Facility ID Number
<b>87544SDLSL52835</b>
Toxic Chemical, Category, or Generic Name
Lead

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment

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Form Approved OMB Number: 2025-0009  
Approval Expires: 2018-06-30

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EPA		FORM R		TRI Facility ID Number	
United States Environmental Protection Agency		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.		87545LSLMSLOSAL	
				Toxic Chemical, Category, or Generic Name	
				Lead	
WHERE TO SEND COMPLETED FORMS:		1. TRI Data Processing Center P.O. Box 10163 Fairfax, VA 22038		2. APPROPRIATE STATE OFFICE (See instructions in Appendix F)	
This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank:		Revision (Enter up to two code(s)) [ ][ ]		Withdrawal (Enter up to two code(s)) [ ][ ]	
Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.					
Part I. FACILITY IDENTIFICATION INFORMATION					
SECTION 1. REPORTING YEAR: 2017					
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) [ X ] NO (Do not answer 2.2; go to Section 3)		2.2 Is this copy [ ] Sanitized [ ] Unsanitized (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:	
Steven Story Environmental Manager		Reference Copy: Copy of Record Resides in CDX		2018-06-15	
SECTION 4. FACILITY IDENTIFICATION					
4.1		TRI Facility ID Number		87545LSLMSLOSAL	
Facility or Establishment Name LOS ALAMOS NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LAB					
Street BIKINI ATOLL RD SM30		Mailing Address (if different from physical street address) PO BOX 1663			
City/County/Tribe/State/ZIP Code LOS ALAMOS / Los Alamos / BIA Code: / NM / 87545		City/State/ZIP Code LOS ALAMOS / NM / 87545		Country (Non-US)	
4.2 This report contains information for : ( Important: check a or b; check c or d if applicable)		a. [ X ] An Entire facility		b. [ ] Part of a facility	
		c. [ ] A Federal facility		d. [ X ] GOCO	
4.3 Technical Contact name		STEVE STORY		Email Address STORY@LANL.GOV	
				Telephone Number (include area code and ext.) 505-665-2169	
4.4 Public Contact name		Peter Hyde		Email Address PAHYDE@LANL.GOV	
				Telephone Number (include area code and ext.) 505-667-3792	
4.5 NAICS Code(s) (6 digits)		a. 928110 (Primary)		b. c. d. e. f.	
4.6 Dun and Bradstreet Number(s) (9 digits)					
a. NA					
b.					
SECTION 5. PARENT COMPANY INFORMATION					
5.1 Name of U.S. Parent Company (for TRI Reporting purposes)		US DEPARTMENT OF ENERGY		No U.S. Parent Company (for TRI Reporting purposes) [ ]	
5.2 Parent Company's Dun & Bradstreet Number		NA [ X ]			

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>		
		Toxic Chemical, Category, or Generic Name <b>Lead</b>		

**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.) <b>007439921</b>
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Lead</b>
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). <b>NA</b>

**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, spaces, and punctuation.) <b>NA</b>
-----	--

**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY**  
(Important: Check all that apply.)

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

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

4.1	<b>05</b> (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 range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater
5.1	Fugitive or non-point air emissions	<b>3</b>	<b>C</b>	
5.2	Stack or point air emissions	<b>0.44</b>	<b>E1</b>	
5.3	Discharges to receiving streams or water bodies (Enter one name per box)			
	Stream or Water Body Name	Reach Code (optional)		
5.3.1	<b>MORTANDAD TRIBUTARY TO RIO GRANDE</b>	<b>0.008</b>	<b>M2</b>	<b>0%</b>
5.3.2	<b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>	<b>0.058</b>	<b>M2</b>	<b>0%</b>
5.3.3	<b>SANDIA TRIBUTARY TO RIO GRANDE</b>	<b>0.152</b>	<b>M2</b>	<b>0%</b>

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\*\* Do not send to EPA: This is the final copy of your form.\*\*\*

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>	
		Toxic Chemical, Category, or Generic Name <b>Lead</b>	
SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)			
	NA	A. Total Release (pounds/year*) (Enter 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	<input checked="" type="checkbox"/>		
5.4.2 Class II-V Underground Injection wells	<input checked="" type="checkbox"/>		
5.5.1.A RCRA subtitle C landfills	<input checked="" type="checkbox"/>		
5.5.1.B Other landfills	<input checked="" type="checkbox"/>		
5.5.2 Land treatment/application farming	<input checked="" type="checkbox"/>		
5.5.3A RCRA Subtitle C surface impoundments	<input checked="" type="checkbox"/>		
5.5.3B Other surface impoundments	<input checked="" type="checkbox"/>		
5.5.4 Other disposal	<input type="checkbox"/>	<b>1138</b>	<b>C</b>
SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS			
6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)			NA <input checked="" type="checkbox"/>

\*For Dioxin and Dioxin-like Compounds, report in grams/year

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

\*\*\* Do not send to EPA: This is the final copy of your form.\*\*\*

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>						TR Facility ID Number 87545LSLMSLOSAL Toxic Chemical, Category, or Generic Name Lead	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS							
NA <input type="checkbox"/>							
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)						NV2890009002	
Off-Site Location Name:						National Security Technologies, LLC for USDOE	
Off-Site Address:						NNSS - Zone 2 National Nuclear Security Administration	
City	Mercury	County	Nye	State	NV	ZIP	89023
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (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. 1.2		1. O		1. M65			
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						UTD982598898	
Off-Site Location Name:						ENERGY SOLUTIONS CLIVE FACILITY	
Off-Site Address:						U.S. INTERSTATE 80, EXIT 49	
City	GRANTSVILLE	County	Tooele	State	UT	ZIP	84029
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (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. 443.8		1. O		1. M65			
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						WAR000010355	
Off-Site Location Name:						PERMA-FIX NORTHWEST RICHLAND INC	
Off-Site Address:						2025 BATTELLE BOULEVARD	
City	RICHLAND	County	Benton	State	WA	ZIP	99354
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (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. 1.8		1. O		1. M64			
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)						COD980591184	
Off-Site Location Name:						VEOLIA ES TECHNICAL SOLUTIONS LLC	
Off-Site Address:						9131 EAST 96TH AVENUE	
City	HENDERSON	County	Adams	State	CO	ZIP	80640
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (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. 1.2		1. O		1. M64			
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)						TXD988088464	
Off-Site Location Name:						WASTE CONTROL SPECIALISTS	
Off-Site Address:						9998 W STATE HIGHWAY 176	
City	ANDREWS	County	Andrews	State	TX	ZIP	79714
						Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
A. Total Transfer (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. 28.3		1. O		1. M64			
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)						NMD986683563	
Off-Site Location Name:						WASTE MGMT OF NEW MEXICO	
Off-Site Address:						33rd St./Northern Blvd.	



City	<b>RIO RANCHO</b>	County	<b>Sandoval</b>	State	<b>NM</b>	ZIP	<b>87124</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
A. Total Transfer (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. <b>1.4</b>		1. <b>O</b>		1. <b>M64</b>					
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)				<b>NM4890139088</b>					
Off-Site Location Name:				<b>Waste Isolation Pilot Plant</b>					
Off-Site Address:				<b>4021 National Parks Highway</b>					
City	<b>Carlsbad</b>	County	<b>Eddy</b>	State	<b>NM</b>	ZIP	<b>88221</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
A. Total Transfer (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. <b>5.2</b>		1. <b>O</b>		1. <b>M41</b>					
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
<input type="checkbox"/> 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. Waste Treatment Efficiency Estimate				
<b>7A.1 a</b>	<b>7A.1 b</b>				<b>7A.1 c</b>				
<b>W</b>	2: <b>H123</b> 3: <b>H077</b> 4: <b>H082</b> 5: <b>H124</b> 6: <b>H129</b> 7: <b>H122</b>				<b>E3</b>				
<b>7A.2 a</b>	<b>7A.2 b</b>				<b>7A.2 c</b>				
<b>S</b>	2: <b>H101</b>				<b>E6</b>				

\*For Dioxin and Dioxin-like Compounds, report in grams/year

EPA Form 9350-1 (Rev. 06/2014) - Previous editions are obsolete.

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number	
		87545LSLMSLOSAL	
		Toxic Chemical, Category, or Generic Name	
		Lead	

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)]

SECTION 7C. ON-SITE RECYCLING 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)]

SECTION 8. SOURCE REDUCTION AND WASTE MANAGEMENT

		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*)
<b>8.1 - 8.7 Production-Related Waste Managed</b>					
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1190.417	1141.658	1200	1200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	3754.3	477.7	2000	2000
8.1d	Total other off-site disposal or other releases	50.6	5.2	20	20
8.2	Quantity used for energy recovery on-site	NA	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA	NA
8.8	Non-production-related waste managed**		NA		
8.9	[ ] Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.89		
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 <input checked="" type="checkbox"/>		
	Source Reduction Activities (Enter code(s))	Methods to Identify Activity (Enter code(s))			Estimated annual reduction (Enter code(s)) (optional)
8.10.1	NA				

\*For Dioxin and Dioxin-like Compounds, report in grams/year

\*\* 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

TRI Facility ID Number
87545LSLMSLOSAL
Toxic Chemical, Category, or Generic Name
Lead

Additional optional information on source reduction, recycling, or pollution control activities.

Section 8.11: If you wish to submit additional optional information on source reduction, recycling, or pollution control activities, provide it here.	
Topic	Comment

Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.	
Topic	Comment