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Title: 2018 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: 2019-06-27 (rev.1)

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2018 Toxic Chemical Release Inventory
Report for the Emergency Planning and
Community Right-to-Know Act, Title
III, Section 313

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Form Approved OMB Number: 2025-0009
Approval Expires: 2021-10-31

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Complete form online via TRI-MEweb. For a trade secret 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.

EPA United States Environmental Protection Agency		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 87545LSLMSLOSAL			
				Toxic Chemical, Category, or Generic Name Lead			
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: 2018							
SECTION 2. TRADE SECRET INFORMATION							
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? <input type="checkbox"/> Yes (Answer question 2.2; attach substantiation forms) <input checked="" type="checkbox"/> NO (Do not answer 2.2; go to Section 3)						
2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> 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: Enrique Torres Division Leader			Signature: Reference Copy: Copy of Record Resides in CDX		Date Signed: 2019-06-24		
SECTION 4. FACILITY IDENTIFICATION							
4.1	Facility or Establishment Name TRIAD NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LABORATORY		TRI Facility ID Number 87545LSLMSLOSAL		BIA Code		
	Street BIKINI ATOLL RD SM30		Facility or Establishment Mailing Address (if different from physical street address) PO BOX 1663				
	City/Country/State/ZIP Code LOS ALAMOS / Los Alamos / 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. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input type="checkbox"/> A Federal facility	d. <input checked="" type="checkbox"/> GOCO	
4.3	Technical Contact name Walt Whetham	Email Address walt@lanl.gov		Telephone Number (include area code and ext.) 505-665-8885			
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) <input type="checkbox"/>		
5.2	Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>				

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

<p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION</p>	TRI Facility ID Number 87545LSLMSLOSAL Toxic Chemical, Category, or Generic Name Lead
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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.) 007439921
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) Lead
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "Yes". Generic Name must be structurally descriptive). NA

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

<p>3.1 Manufacture the toxic chemical: a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import</p> <p>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</p>	<p>3.2 Process the toxic chemical: a. <input type="checkbox"/> As a reactant Sub-Uses: b. <input type="checkbox"/> As a formulation component Sub-Uses: c. <input type="checkbox"/> As an article component d. <input checked="" type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling</p>	<p>3.3 Otherwise use the toxic chemical: a. <input type="checkbox"/> As a chemical processing aid Sub-Uses: b. <input type="checkbox"/> As a manufacturing aid Sub-Uses: c. <input checked="" type="checkbox"/> Ancillary or other use Sub-Uses: Z399</p>
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SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR

4.1	[05] (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	NA []	2.7	C
5.2 Stack or point air emissions	NA []	0.52	E1
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 SANDIA TRIBUTARY TO RIO GRANDE	0.155	M2	0%
5.3.2 MORTANIDAD TRIBUTARY TO RIO GRANDE	0.008	M2	0%
5.3.3 LOS ALAMOS TRIBUTARY TO RIO GRANDE	0.056	M2	0%

*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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<p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p>	<p>TRI Facility ID Number 87545LSLMSLOSAL</p> <p>Toxic Chemical, Category, or Generic Name Lead</p>
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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]		
5.5.3.A	RCRA Subtitle C surface impoundments	[X]		
5.5.3.B	Other surface impoundments	[X]		
5.5.4	Other disposal	[]	1139	C

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 [X]
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*For Dioxin and Dioxin-like Compounds, report in grams/year
**Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI 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.)		FLD980711071	
Off-Site Location Name:		PERMA-FIX OF FLORIDA INC	
Off-Site Address:		1940 NW 67TH PL	
City	GAINESVILLE	County	Alachua
State	FL	ZIP	326531649
		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. 8.3	1. O	1. M41	
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. 17356.7	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. 5.3	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. 12.6	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. 20.2	1. O	1. M64	
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)		NM4890139088	
Off-Site Location Name:		WASTE ISOLATION PILOT PLANT	
Off-Site Address:		4021 NATIONAL PARKS HIGHWAY	

City	CARLSBAD	County	Eddy	State	NM	ZIP	88221	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 5.2			1. O		1. M41				
6.2.7 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	RIO RANCHO	County	Sandoval	State	NM	ZIP	87124	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 10.1			1. O		1. M64				
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)						UTD991301748			
Off-Site Location Name:						CLEAN HARBORS GRASSY MOUNTAIN			
Off-Site Address:						3 MILES EAST, 7 MILES NORTH of KNOLLS			
City	KNOLLS	County	Tooele	State	UT	ZIP	84029	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 0.7			1. O		1. M64				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[] 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			
7A.1 a		7A.1 b				7A.1 c			
W		2: H123 3: H077 4: H082 5: H124 6: H129 7: H122				E3			
7A.2 a		7A.2 b				7A.2 c			
S		2: H101				E6			

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)	TRI Facility ID Number 87545LSLMSLOSAL Toxic Chemical, Category, or Generic Name Lead
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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*)
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	NA	NA	NA	NA
8.1b	Total other on-site disposal or other releases	1141.658	1142.439	1200	1200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	477.7	17405.6	5000	5000
8.1d	Total other off-site disposal or other releases	5.2	13.5	15	15
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)	0.9			
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
 ** 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
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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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EPA United States Environmental Protection Agency		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 87544SDLSL52835			
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.							
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SECTION 2. TRADE SECRET INFORMATION							
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2.2	Is this copy <input type="checkbox"/> Sanitized <input type="checkbox"/> 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: Adrienne Nash General Engineer			Signature: Reference Copy: Copy of Record Resides in CDX		Date Signed: 2019-06-24		
SECTION 4. FACILITY IDENTIFICATION							
4.1	Facility or Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY		TRI Facility ID Number 87544SDLSL52835		BIA Code		
	Street 3747 WEST JEMEZ ROAD, TA-3, BLDG. 1410, MS-A316		Facility or Establishment Mailing Address (if different from physical street address)				
	City/County/State/ZIP Code LOS ALAMOS / Los Alamos / NM / 87544		City/State/ZIP Code / /		Country (Non-US)		
4.2	This report contains information for: (Important: check a or b; check c or d if applicable)		a. <input checked="" type="checkbox"/> An Entire facility	b. <input type="checkbox"/> Part of a facility	c. <input checked="" type="checkbox"/> A Federal facility	d. <input type="checkbox"/> GOCG	
4.3	Technical Contact name	Adrienne Nash	Email Address adrienne.nash@nnsa.doe.gov		Telephone Number (include area code and ext.) 505-665-5026		
4.4	Public Contact name	Adrienne Nash	Email Address adrienne.nash@nnsa.doe.gov		Telephone Number (include area code and ext.) 505-665-5026		
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) <input type="checkbox"/>		
5.2	Parent Company's Dun & Bradstreet Number		NA <input checked="" type="checkbox"/>				

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<p>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</p>	TRI Facility ID Number 87544SDLSL52835 Toxic Chemical, Category, or Generic Name Lead
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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	[]	1139 C

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 [X]

*For Dioxin and Dioxin-like Compounds, report in grams/year
 **Range Codes: A=1-10 pounds; B=11-499 pounds; C=500-999 pounds.

City	RIO RANCHO	County	Sandoval	State	NM	ZIP	87124	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 10.1			1. O		1. M64				
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)						UTD991301748			
Off-Site Location Name:						CLEAN HARBORS GRASSY MOUNTAIN			
Off-Site Address:						3 MILES EAST, 7 MILES NORTH of KNOLLS			
City	KNOLLS	County	Tooele	State	UT	ZIP	84029	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 0.7			1. O		1. M64				
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)						FLD980711071			
Off-Site Location Name:						PERMA-FIX OF FLORIDA INC			
Off-Site Address:						1940 NW 67TH PL			
City	GAINESVILLE	County	Alachua	State	FL	ZIP	326531649	Country (Non-US)	
Is location under control of reporting facility or parent company?						[] Yes [X] 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. 8.3			1. O		1. M41				
SECTION 7A. ONSITE WASTE TREATMENT METHODS AND EFFICIENCY									
[] 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			
7A.1 a	7A.1 b					7A.1 c			
W	2: H123 3: H077 4: H082 5: H124 6: H129 7: H122					E3			
7A.2 a	7A.2 b					7A.2 c			
S	2: H101					E6			

TRI Facility ID Number

87544SDL52835

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
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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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