



***Environmental Protection & Compliance
Division***

Los Alamos National Laboratory
PO Box 1663, K491
Los Alamos, NM 87545
505-667-2211

Symbol: EPC-DO: 20-160

LAUR: 20-23690

Date: 4 JUN 2020

Ms. Adrienne L. Nash
National Security Missions
Los Alamos Field Office, A316
National Nuclear Security Administration
Los Alamos, NM 87545

Subject: 2019 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-To-Know Act of 1986, Title III, Section 313

Dear Ms. Nash:

The 2019 Toxic Chemical Release Inventory Report, Form R, for Los Alamos National Laboratory (LANL) was submitted to the Environmental Protection Agency (EPA) using the online reporting tool, TRIMEweb. For 2019, lead and mercury are the only reportable chemicals. Per the Service Agreement/Work Authorization for Environmental Services (SAWA #M&O-003), Triad prepared and submitted the Form R with data input and concurrence from N3B. The report is required by Emergency Planning and Community Right-to-Know Act, Title III, Section 313. This year the EPA's deadline is July 1st and the report was submitted electronically on June 2nd, 2020.

Should you have questions or comments regarding the information provided in this report, please contact Walt Whetham at (505) 665-8885.

Sincerely,

Aaron M. Dailey
MAQ Team Leader

AD/WW:jdm

Attachment(s): Attachment 1 2019 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313

Copy: Karen E. Armijo, LASO-MA-LS, karen.armijo.nash@nnsa.doe.gov
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ATTACHMENT 1

2019 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to- Know Act, Title III, Section 313

EPC-DO: 20-160

LA-UR-20-23690

Date: JUN 04 2020

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Form Approved OMB Number:
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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 Mercury			
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: 2019							
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: Aaron Dailey Environmental Manager			Signature: Reference Copy: Copy of Record Resides in CDX		Date Signed: 2020-06-02		
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/County/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"/> GOC	
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"/>						

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION		TRI Facility ID Number	
		87545LSLMSLOSAL	
		Toxic Chemical, Category, or Generic Name	
		Mercury	

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.)
	007439976
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)
	Mercury
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

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 checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import	3.2 Process the toxic chemical:	3.3 Otherwise use 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 checked="" type="checkbox"/> As a byproduct f. <input type="checkbox"/> As an impurity	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 type="checkbox"/> Repackaging e. <input type="checkbox"/> As an impurity f. <input type="checkbox"/> Recycling	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

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

4.1	[04] (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 []	0	0
5.2	Stack or point air emissions	NA []	0.86	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	Sandía Tributary to Río Grande	0.0019	M2	0%
5.3.2	Los Alamos Tributary to Río Grande	0.0002	M2	0%
5.3.3	Mortandad Tributary to Río Grande	0.0008	M2	0%

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 87545LSLMSLOSAL	
		Toxic Chemical, Category, or Generic Name Mercury	
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	[X]	
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*) <input type="text"/>			
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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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)						TRI Facility ID Number		87545LSLMSLOSAL	
						Toxic Chemical, Category, or Generic Name		Mercury	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS NA <input type="checkbox"/>									
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, FIVE M			
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. 25.5			1. O		1. M65				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						WAR000010355			
Off-Site Location Name:						PERMA FIX NORTHWEST RICHLAND INC			
Off-Site Address:						2025 BATTELLE BLVD			
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. 0.1			1. O		1. M64				
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						NM4890139088			
Off-Site Location Name:						U.S. DOE WASTE ISOLATION PILOT PLANT			
Off-Site Address:						30 MILES EAST OF CARLSBAD ON			
City	CARLSBAD	County	Eddy	State	NM	ZIP	88220	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. 11.9			1. O		1. M41				
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 E 96TH AVE			
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. 86.7			1. O		1. M64				
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					
7A.1 a	7A.1 b			7A.1 c					
S	2: H101			E5					
7A.2 a	7A.2 b			7A.2 c					
W	2: H123 3: H077 4: H082 5: H124 6: H129 7: H122			E3					

*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 87545LSLMSLOSAL			
		Toxic Chemical, Category, or Generic Name Mercury			

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	NA	0.8629	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	112.3	NA	NA
8.1d	Total other off-site disposal or other releases	NA	11.9	NA	NA
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)	0.8			
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
Mercury

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
Your facility did not submit a form for this chemical for the prior reporting year.	We did not exceed the mercury threshold in 2018.

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

Page 1 of 5

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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 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: 2019							
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: Aaron Dailey Environmental Manager			Signature: Reference Copy: Copy of Record Resides in CDX		Date Signed: 2020-06-02		
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/County/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"/> G000	
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"/>				

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION		TR Facility ID Number 87545LSLMSLOSAL			
		Toxic Chemical, Category, or Generic Name Lead			
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				
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 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	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	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
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 <input type="checkbox"/>	3.2	C	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	0.49	E1	
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	Sandia Tributary to Rio Grande		0.178	M2	0%
5.3.2	Mortadad Tributary to Rio Grande		0.01	M2	0%
5.3.3	Los Alamos Tributary to Rio Grande		0.054	M2	0%

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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 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)			
		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)
5.4-5.5	Disposal to land on-site		B. Basis of Estimate (Enter code)
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	[]	1845 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*) <input style="width: 100px;" type="text"/>			
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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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.)						UTD982598898			
Off-Site Location Name:						ENERGYSOLUTIONS CLIVE FACILITY			
Off-Site Address:						U.S. INTERSTATE 80, EXIT 49, FIVE M			
City	GRANTSVILLE	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. 12468.6			1. O		1. M65				
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						WAR000010355			
Off-Site Location Name:						PERMA FIX NORTHWEST RICHLAND INC			
Off-Site Address:						2025 BATTELLE BLVD			
City	RICHLAND	County	Benton	State	WA	ZIP	99354	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. 4.1			1. O		1. M64				
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)						NV3890090001			
Off-Site Location Name:						U. S. DOE, NNSA/NFO			
Off-Site Address:						NEVADA NATIONAL SECURITY SITE			
City	MERCURY	County	Nye	State	NV	ZIP	89023	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. 0.5			1. O		1. M94				
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 E 96TH AVE			
City	HENDERSON	County	Adams	State	CO	ZIP	80640	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. 462.4			1. O		1. M64				
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)						NM4890139088			
Off-Site Location Name:						U.S. DOE WASTE ISOLATION PILOT PLANT			
Off-Site Address:						30 MILES EAST OF CARLSBAD ON			
City	CARLSBAD	County	Eddy	State	NM	ZIP	88220	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. 2913.3			1. O		1. M41				
6.2.6 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)	
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. 0.3			1. O		1. M64				
6.2.7 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	797149100	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. 51.8			1. O		1. M64				
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			
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			

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

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

EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)		TRI Facility ID Number 87545LSLMSLOSAL			
		Toxic Chemical, Category, or Generic Name Lead			
SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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	1142.439	1848.932	1500	1500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	17405.6	12987.2	5000	5000
8.1d	Total other off-site disposal or other releases	13.5	2913.8	100	100
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)		1.29		
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