



Los Alamos National Laboratory  
PO Box 1663, K491  
Los Alamos, NM 87545  
505-667-4218

**Environmental Protection & Compliance Division  
Compliance Programs Group**

**Symbol:** EPC-DO: 21-159  
**LAUR:** 21-24851  
**Date:** JUN 09 2021

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

**Subject: 2020 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 2020 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 2020, lead is the only reportable chemical. 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 1<sup>st</sup> and the report was submitted electronically on June 3, 2021.

Should you have questions or comments regarding the information provided in this report, please contact Walt Whetham at (505) 695-8056.

Sincerely,

*Marjorie Stockton*

Marjorie B. Stockton  
Acting Team Leader

Attachment(s): Attachment 1 2020 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313

Copy: Silas DeRoma, NA-LA, [silas.deroma@nnsa.doe.gov](mailto:silas.deroma@nnsa.doe.gov)  
Stephen Jochem, NA-LA, [stephen.jochem@nnsa.doe.gov](mailto:stephen.jochem@nnsa.doe.gov)  
Darlene S. Rodriguez, NA-LA, [darlene.rodriguez@nnsa.doe.gov](mailto:darlene.rodriguez@nnsa.doe.gov)  
Kirk Lachman, EM-LA, [kirk.lachman@em.doe.gov](mailto:kirk.lachman@em.doe.gov)  
M. Lee Bishop, EM-LA, [lee.bishop@em.doe.gov](mailto:lee.bishop@em.doe.gov)  
David Nickless, EM-LA, [david.nickless@em.doe.gov](mailto:david.nickless@em.doe.gov)  
Hai Shen, EM-LA, [hai.shen@em.doe.gov](mailto:hai.shen@em.doe.gov)  
Kelly J. Beierschmitt, Triad, DDOPS, [beierschmitt@lanl.gov](mailto:beierschmitt@lanl.gov)

Michael W. Hazen, Triad, ALDESHQSS, [mhazen@lanl.gov](mailto:mhazen@lanl.gov)  
William R. Mairson, Triad, ALDESHQSS, [wrmairson@lanl.gov](mailto:wrmairson@lanl.gov)  
Maxine M. McReynolds, Triad, GC-ESH, [mcreynolds@lanl.gov](mailto:mcreynolds@lanl.gov)  
Enrique Torres, Triad, EWP, [etorres@lanl.gov](mailto:etorres@lanl.gov)  
Jennifer E. Payne, Triad, EPC-DO, [jpayne@lanl.gov](mailto:jpayne@lanl.gov)  
Taunia S. Van Valkenburg, Triad, EPC-CP, [tauniav@lanl.gov](mailto:tauniav@lanl.gov)  
Marjorie B. Stockton, Triad, EPC-CP, [mstockton@lanl.gov](mailto:mstockton@lanl.gov)  
Walter W. Whetham, Triad, EPC-CP, [walt@lanl.gov](mailto:walt@lanl.gov)  
Taylor A. Valdez, Triad, PCM-DO, [tvaldez@lanl.gov](mailto:tvaldez@lanl.gov)  
Christian Maupin, N3B, [christian.maupin@em-la.doe.gov](mailto:christian.maupin@em-la.doe.gov)  
Dana Lindsay, N3B, [dana.lindsay@em-la.doe.gov](mailto:dana.lindsay@em-la.doe.gov)  
EPC-CP EPCRA File  
EPC-CP Correspondence File  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov)  
[epccorrespondence@lanl.gov](mailto:epccorrespondence@lanl.gov)  
[eshqss-dcrm@lanl.gov](mailto:eshqss-dcrm@lanl.gov)  
[interface@lanl.gov](mailto:interface@lanl.gov)

# **ATTACHMENT 1**

## **2020 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-to-Know Act, Title III, Section 313**

EPC-DO: 21-159

LA-UR-21-24851

Date: JUN 09 2021

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

Form Approved OMB Number: 2070-0212  
Approval Expires: 2024-03-31

Page 1 of 5

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.

<b>EPA FORM R</b> 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.		TRI Facility ID Number <b>87545LSLMSLOSAL</b>	
		Toxic Chemical, Category, or Generic Name <b>Lead</b>	
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: <b>2020</b>			
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: <b>Marjorie Stockton Acting Team Leader</b>		Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>	Date Signed: <b>2021-06-03</b>
SECTION 4. FACILITY IDENTIFICATION			
4.1	Facility or Establishment Name <b>TRIAD NATIONAL SECURITY, LLC, LOS ALAMOS NATIONAL LABORATORY</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>
	Street <b>BIKINI ATOLL RD SM30</b>		Facility or Establishment Mailing Address (if different from physical street address) <b>PO BOX 1663</b>
	City/County/State/ZIP Code <b>LOS ALAMOS / Los Alamos / NM / 87545</b>		City/State/ZIP Code <b>LOS ALAMOS / NM / 87545</b>
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"/> GOC0	
4.3	Technical Contact name	<b>WALTER WHETHAM</b>	Email Address <b>WALT@LANL.GOV</b>
		Telephone Number (include area code and ext.) <b>505-695-8056</b>	
4.4	Public Contact name	<b>PETER HYDE</b>	Email Address <b>PAHYDE@LANL.GOV</b>
		Telephone Number (include area code and ext.) <b>505-667-3792</b>	
4.5	NAICS Code(s) (6 digits)	a. <b>928110 (Primary)</b>	b. c. d. e. f.
4.6	Dun and Bradstreet Number(s) (9 digits)		
	a. <b>NA</b> 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) <input type="checkbox"/>
		<b>US DEPARTMENT OF ENERGY</b>	
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><b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b></p>	<p>TRI Facility ID Number <b>87545LSLMSLOSAL</b></p> <p>Toxic Chemical, Category, or Generic Name <b>Lead</b></p>
--	---

**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>7439921</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:	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 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: <b>Z399</b>

**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	NA <input type="checkbox"/>	<b>2.5</b>	<b>C</b>	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	<b>0.56</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>SANDIA TRIBUTARY TO RIO GRANDE</b>		<b>0.19</b>	<b>M2</b>	<b>0%</b>
5.3.2	<b>MORTANAD TRIBUTARY TO RIO GRANDE</b>		<b>0.013</b>	<b>M2</b>	<b>0%</b>
5.3.3	<b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>		<b>0.051</b>	<b>M2</b>	<b>0%</b>

\*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.\*\*\***

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

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	[]	<b>724.5</b>	<b>C</b>

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.

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

<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>	
		Toxic Chemical, Category, or Generic Name <b>Lead</b>	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS		NA <input type="checkbox"/>	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)		<b>COD991300484</b>	
Off-Site Location Name:		<b>CLEAN HARBORS DEER TRAIL LLC</b>	
Off-Site Address:		<b>108555 E HWY 36</b>	
City	<b>DEER TRAIL</b>	County	<b>Adams</b>
State	<b>CO</b>	ZIP	<b>80105</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)	
<b>1 . 0</b>	<b>1 . O</b>	<b>1 . M65</b>	
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)		<b>UTD981552177</b>	
Off-Site Location Name:		<b>CLEAN HARBORS ARAGONITE, LLC</b>	
Off-Site Address:		<b>11600 N APTUS ROAD</b>	
City	<b>ARAGONITE</b>	County	<b>Tooele</b>
State	<b>UT</b>	ZIP	<b>84029</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)	
<b>1 . 0</b>	<b>1 . O</b>	<b>1 . M41</b>	
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)		<b>UTD982598898</b>	
Off-Site Location Name:		<b>ENERGY SOLUTIONS CLIVE FACILITY</b>	
Off-Site Address:		<b>U.S. INTERSTATE 80, EXIT 49,</b>	
City	<b>GRANTSVILLE</b>	County	<b>Tooele</b>
State	<b>UT</b>	ZIP	<b>84029</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)	
<b>1 . 3918</b>	<b>1 . O</b>	<b>1 . M65</b>	
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)		<b>WAR000010355</b>	
Off-Site Location Name:		<b>PERMA FX NORTHWEST RICHLAND INC</b>	
Off-Site Address:		<b>2025 BATTELLE BLVD</b>	
City	<b>RICHLAND</b>	County	<b>Benton</b>
State	<b>WA</b>	ZIP	<b>99354</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)	
<b>1 . 846</b>	<b>1 . O</b>	<b>1 . M64</b>	
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)		<b>NV3890090001</b>	
Off-Site Location Name:		<b>U. S. DOE, NNSA/NFO</b>	
Off-Site Address:		<b>NEVADA NATIONAL SECURITY SITE</b>	
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)	
<b>1 . 0.1</b>	<b>1 . O</b>	<b>1 . M94</b>	
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)		<b>NM4890139088</b>	
Off-Site Location Name:		<b>U.S. DOE 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>88220</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>9541</b>			1. <b>O</b>		1. <b>M41</b>				
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)						<b>COD980591184</b>			
Off-Site Location Name:						<b>VEOLIA ES TECHNICAL SOLUTIONS LLC</b>			
Off-Site Address:						<b>9131 E96TH AVE</b>			
City	<b>HENDERSON</b>	County	<b>Adams</b>	State	<b>CO</b>	ZIP	<b>80640</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>51</b>			1. <b>O</b>		1. <b>M64</b>				
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)						<b>TXD988088464</b>			
Off-Site Location Name:						<b>WASTE CONTROL SPECIALISTS</b>			
Off-Site Address:						<b>9998 W STATE HIGHWAY 176</b>			
City	<b>ANDREWS</b>	County	<b>Andrews</b>	State	<b>TX</b>	ZIP	<b>79714</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>30</b>			1. <b>O</b>		1. <b>M64</b>				
6.2.9 Off-Site EPA Identification Number (RCRA ID No.)						<b>NMD986683563</b>			
Off-Site Location Name:						<b>WASTE MANAGEMENT OF NEW MEXICO</b>			
Off-Site Address:						<b>33RD STREET NORTHERN BLVD.</b>			
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?						[ ] Yes [ <b>X</b> ] 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>0</b>			1. <b>O</b>		1. <b>M64</b>				
6.2.10 Off-Site EPA Identification Number (RCRA ID No.)						<b>FLD980711071</b>			
Off-Site Location Name:						<b>PERMA-FX OF FLORIDA INC</b>			
Off-Site Address:						<b>1940 NW 67TH PL</b>			
City	<b>GAINESVILLE</b>	County	<b>Alachua</b>	State	<b>FL</b>	ZIP	<b>326531649</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>0</b>			1. <b>O</b>		1. <b>M41</b>				
6.2.11 Off-Site EPA Identification Number (RCRA ID No.)						<b>NMD147273528</b>			
Off-Site Location Name:						<b>SPECIAL WASTE DISPOSAL, INC.</b>			
Off-Site Address:						<b>91 LIBERTY VALLEY ROAD</b>			
City	<b>MOUNTAINAIR</b>	County	<b>Torrance</b>	State	<b>NM</b>	ZIP	<b>87036</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>0</b>			1. <b>O</b>		1. <b>M65</b>				
6.2.12 Off-Site EPA Identification Number (RCRA ID No.)						<b>NVT330010000</b>			
Off-Site Location Name:						<b>US ECOLOGY NEVADA, INC</b>			
Off-Site Address:						<b>HWY 95 11 MI S OF BEATTY</b>			



City	BEATTY	County	Nye	State	NV	ZIP	89003	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. 2		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	E2
7A. 2 a	7A. 2 b	7A. 2 c
S	2: H101	E6

**\*\*\* 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 <u>87545LSLMSLOSAL</u> <hr/> Toxic Chemical, Category, or Generic Name <u>Lead</u>
--	--

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	1848.932	727.814	1500	1500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12987.2	4847	5000	5000
8.1d	Total other off-site disposal or other releases	2913.8	9541.1	5000	5000
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)	0.57			
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
-------	---------

Non Covered NAICS	Error Reviewed / No Comment.
-------------------	------------------------------

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

Form Approved OMB Number: 2070-0212  
Approval Expires: 2024-03-31

Page 1 of 5

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.

<b>EPA</b> United States Environmental Protection Agency		<b>FORM R</b> 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 <b>87544SDL52835</b>			
				Toxic Chemical, Category, or Generic Name <b>Lead</b>			
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: <b>2020</b>							
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: <b>Adrienne Nash General Engineer</b>			Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>	Date Signed: <b>2021-06-09</b>			
SECTION 4. FACILITY IDENTIFICATION							
4.1	Facility or Establishment Name <b>U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY</b>		TRI Facility ID Number <b>87544SDL52835</b>	BIA Code			
	Street <b>3747 W JEMEZ RD</b>		Facility or Establishment Mailing Address (if different from physical street address)				
	City/County/State/ZIP Code <b>LOS ALAMOS / Los Alamos / NM / 87544</b>		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"/> GOOC	
4.3	Technical Contact name	<b>ADRIENNE NASH</b>	Email Address <b>ADRIENNE.NASH@NNSA.DOE.GOV</b>	Telephone Number (include area code and ext.) <b>505-665-5026</b>			
4.4	Public Contact name	<b>ADRIENNE NASH</b>	Email Address <b>ADRIENNE.NASH@NNSA.DOE.GOV</b>	Telephone Number (include area code and ext.) <b>505-665-5026</b>			
4.5	NAICS Code(s) (6 digits)	a. <b>928110 (Primary)</b>	b.	c.	d.	e.	f.
4.6	Dun and Bradstreet Number(s) (9 digits)						
	a. <b>NA</b>						
SECTION 5. PARENT COMPANY INFORMATION							
5.1	Name of U.S. Parent Company (for TRI Reporting purposes)		<b>US DEPARTMENT OF ENERGY</b>		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.\*\*\***

<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>	TRI Facility ID Number <b>87544SDLSL52835</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>7439921</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:	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 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: <b>Z399</b>

**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	NA <input type="checkbox"/>	<b>2.5</b>	<b>C</b>	
5.2 Stack or point air emissions	NA <input type="checkbox"/>	<b>0.56</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>SANDIA TRIBUTARY TO RIO GRANDE</b>		<b>0.19</b>	<b>M2</b>	<b>0%</b>
5.3.2 <b>MORTANAD TRIBUTARY TO RIO GRANDE</b>		<b>0.013</b>	<b>M2</b>	<b>0%</b>
5.3.3 <b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>		<b>0.051</b>	<b>M2</b>	<b>0%</b>

\*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>	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]		
5.5.3.A	RCRA Subtitle C surface impoundments	[X]		
5.5.3.B	Other surface impoundments	[X]		
5.5.4	Other disposal	[]	<b>724.5</b>	<b>C</b>

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.

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

<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>		TRI Facility ID Number <b>87544SDL52835</b>	
		Toxic Chemical, Category, or Generic Name <b>Lead</b>	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS		NA <input type="checkbox"/>	
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)		<b>COD991300484</b>	
Off-Site Location Name:		<b>CLEAN HARBORS DEER TRAIL LLC</b>	
Off-Site Address:		<b>108555 E HWY 36</b>	
City	<b>DEER TRAIL</b>	County	<b>Adams</b>
State	<b>CO</b>	ZIP	<b>80105</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)
<b>1 . 0</b>		<b>1 . 0</b>	<b>1 . M65</b>
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)		<b>FLD980711071</b>	
Off-Site Location Name:		<b>PERMA-FIX OF FLORIDA INC</b>	
Off-Site Address:		<b>1940 NW 67TH PL</b>	
City	<b>GAINESVILLE</b>	County	<b>Alachua</b>
State	<b>FL</b>	ZIP	<b>326531649</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)
<b>1 . 0</b>		<b>1 . 0</b>	<b>1 . M41</b>
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)		<b>NMD147273528</b>	
Off-Site Location Name:		<b>SPECIAL WASTE DISPOSAL, INC.</b>	
Off-Site Address:		<b>91 LIBERTY VALLEY ROAD</b>	
City	<b>MOUNTAINAIR</b>	County	<b>Torrance</b>
State	<b>NM</b>	ZIP	<b>87036</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)
<b>1 . 0</b>		<b>1 . 0</b>	<b>1 . M65</b>
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)		<b>NVT330010000</b>	
Off-Site Location Name:		<b>US ECOLOGY NEVADA, INC</b>	
Off-Site Address:		<b>HWY 95 11 MI S OF BEATTY</b>	
City	<b>BEATTY</b>	County	<b>Nye</b>
State	<b>NV</b>	ZIP	<b>89003</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)
<b>1 . 2</b>		<b>1 . 0</b>	<b>1 . M64</b>
6.2.5 Off-Site EPA Identification Number (RCRA ID No.)		<b>UTD982598898</b>	
Off-Site Location Name:		<b>ENERGY SOLUTIONS CLIVE FACILITY</b>	
Off-Site Address:		<b>U.S. INTERSTATE 80, EXIT 49</b>	
City	<b>GRANTSVILLE</b>	County	<b>Tooele</b>
State	<b>UT</b>	ZIP	<b>84029</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)
<b>1 . 3918</b>		<b>1 . 0</b>	<b>1 . M65</b>
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)		<b>WAR000010355</b>	
Off-Site Location Name:		<b>PERMA FIX NORTHWEST RICHLAND INC</b>	
Off-Site Address:		<b>2025 BATTELLE BLVD</b>	

City	<b>RICHLAND</b>	County	<b>Benton</b>	State	<b>WA</b>	ZIP	<b>99354</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>846</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)						<b>NV3890090001</b>			
Off-Site Location Name:						<b>U. S. DOE, NNSA/NFO</b>			
Off-Site Address:						<b>NEVADA NATIONAL SECURITY SITE</b>			
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?						[ ] Yes [ <b>X</b> ] 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>0.1</b>			1 . <b>O</b>		1 . <b>M94</b>				
6.2.8 Off-Site EPA Identification Number (RCRA ID No.)						<b>NM4890139088</b>			
Off-Site Location Name:						<b>U.S. DOE 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>88220</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>9541</b>			1 . <b>O</b>		1 . <b>M41</b>				
6.2.9 Off-Site EPA Identification Number (RCRA ID No.)						<b>COD980591184</b>			
Off-Site Location Name:						<b>VEOLIA ES TECHNICAL SOLUTIONS LLC</b>			
Off-Site Address:						<b>9131 E96TH AVE</b>			
City	<b>HENDERSON</b>	County	<b>Adams</b>	State	<b>CO</b>	ZIP	<b>80640</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>51</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.10 Off-Site EPA Identification Number (RCRA ID No.)						<b>TXD988088464</b>			
Off-Site Location Name:						<b>WASTE CONTROL SPECIALISTS</b>			
Off-Site Address:						<b>9998 W STATE HIGHWAY 176</b>			
City	<b>ANDREWS</b>	County	<b>Andrews</b>	State	<b>TX</b>	ZIP	<b>79714</b>	Country (Non-US)	
Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] 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>30</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.11 Off-Site EPA Identification Number (RCRA ID No.)						<b>NMD986683563</b>			
Off-Site Location Name:						<b>WASTE MANAGEMENT OF NEW MEXICO</b>			
Off-Site Address:						<b>33RD STREET NORTHERN BLVD</b>			
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?						[ ] Yes [ <b>X</b> ] 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>0</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.12 Off-Site EPA Identification Number (RCRA ID No.)						<b>UTD981552177</b>			
Off-Site Location Name:						<b>CLEAN HARBORS ARAGONITE, LLC</b>			
Off-Site Address:						<b>11600 N APTUS ROAD</b>			



City	ARAGONITE	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		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					E2			
7A. 2 a	7A. 2 b					7A. 2 c			
S	2: H101					E6			

**\*\*\* 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 87544SDLSL52835 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*)
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	1848.932	727.814	1500	1500
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	12987.2	4847	5000	5000
8.1d	Total other off-site disposal or other releases	2913.8	9541.1	5000	5000
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)	0.57			
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
<b>87544SDL52835</b>
Toxic Chemical, Category, or Generic Name
<b>Lead</b>

<b>Additional optional information on source reduction, recycling, or pollution control activities.</b>

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

<b>Section 9.1: If you wish to submit any miscellaneous, additional, or optional information regarding your Form R submission, provide it here.</b>	
<b>Topic</b>	<b>Comment</b>
You have reported 0 lbs transferred off-site.	<b>Error Reviewed / No Comment.</b>