



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

**Environmental Protection and Compliance Division  
Compliance Programs Group**

**Symbol:** EPC-DO: 23-182  
**LA-UR:** 23-25564  
**Date:** June 27, 2023

Ms. Karen E. Armijo  
National Security Missions  
Los Alamos Field Office, A316  
National Nuclear Security Administration  
Los Alamos, NM 87545

**Subject: 2022 Toxic Chemical Release Inventory Report for the Emergency Planning and Community Right-To-Know Act of 1986, Title III, Section 313**

Dear Ms. Armijo:

The 2022 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 2022, 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 1<sup>st</sup> and the report was submitted electronically on June 26, 2023.

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

Sincerely,

A handwritten signature in blue ink that reads "Marjorie B. Stockton".

Marjorie B. Stockton  
Team Leader

Attachment(s): Attachment 1 2022 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)  
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EPC-CP EPCRA File  
EPC-CP Correspondence File  
[lasomailbox@nnsa.doe.gov](mailto:lasomailbox@nnsa.doe.gov)  
[epccorrespondence@lanl.gov](mailto:epccorrespondence@lanl.gov)  
[eshq-dcrm@lanl.gov](mailto:eshq-dcrm@lanl.gov)  
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**ATTACHMENT 1**  
2022 Toxic Chemical Release Inventory  
Report for the Emergency Planning and  
Community Right-to-Know Act, Title III,  
Section 313

EPC-DO: 23-182

LA-UR-23-25564

Date:                     JUN 27 2023

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

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

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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.

<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>87545LSLMSLOSAL</b>		
		Toxic Chemical, Category, or Generic Name <b>Mercury</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>2022</b>				
SECTION 2. TRADE SECRET INFORMATION				
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [ <b>X</b> ] NO (Do not answer 2.2; go to Section 3)			
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)				
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.				
Name and official title of owner/operator or senior management official: <b>Marjorie Stockton Acting Team Leader</b>		Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>		
		Date Signed: <b>2023-06-26</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>	BIA Code	
	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>	Country (Non-US)	
4.2	This report contains information for: (Important: check a or b; check c or d if applicable)			
a. [ <b>X</b> ] An Entire facility		b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ <b>X</b> ] GOCO
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>Steven Horak</b>	Email Address <b>horak@lanl.gov</b>	Telephone Number (include area code and ext.) <b>505-551-4514</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)	<b>US DEPARTMENT OF ENERGY</b>					No U.S. Parent Company (for TRI Reporting purposes) [ ]	
5.2	Parent Company's Dun & Bradstreet Number	NA [ <b>X</b> ]						

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<b>EPA FORM R</b> <b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>87545LSLMSLOSAL</b>			
		Toxic Chemical, Category, or Generic Name <b>Mercury</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>7439976</b>				
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Mercury</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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
	a. <input checked="" type="checkbox"/> Produce b. <input type="checkbox"/> Import		a. <input type="checkbox"/> As a reactant Sub-Uses:		a. <input type="checkbox"/> As a chemical processing aid Sub-Uses:
	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		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		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	<input type="checkbox"/> <b>04</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 checked="" type="checkbox"/>			
5.2	Stack or point air emissions	NA <input type="checkbox"/>	<b>4.79</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>0.027</b>	<b>M2</b>	<b>0.00%</b>
5.3.2	<b>MORTANDAD TRIBUTARY TO RIO GRANDE</b>		<b>0.0012</b>	<b>M2</b>	<b>0.00%</b>
5.3.3	<b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>		<b>0.0073</b>	<b>M2</b>	<b>0.00%</b>



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<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>Mercury</b>	

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

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[ X ]		
5.4.2	Class II-V Underground Injection wells	[ X ]		
5.5.1.A	RCRA subtitle C landfills	[ X ]		
5.5.1.B	Other landfills	[ X ]		
5.5.2	Land treatment/application farming	[ X ]		
5.5.3A	RCRA Subtitle C surface impoundments	[ X ]		
5.5.3B	Other surface impoundments	[ X ]		
5.5.4	Other disposal	[ 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\*)

**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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<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>				TRI Facility ID Number				87545LSLMSLOSAL		Toxic Chemical, Category, or Generic Name		Mercury	
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS								NA []					
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)								NM4890139088					
Off-Site Location Name:								U.S. DOE WASTE ISOLATION PILOT PLANT					
Off-Site Address:								4021 NATIONAL PARKS HIGHWAY					
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 . 48.9				1 . O		1 . M41							
6.2.2 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?								[ ] 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 . 1.5				1 . O		1 . M64							
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)								COD980591184					
Off-Site Location Name:								VEOLIA ES TECHNICAL SOLUTIONS LLC					
Off-Site Address:								9131 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 . 33.6				1 . O		1 . M64							
6.2.4 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 . 0.3				1 . O		1 . M64							

6.2.5 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	<b>GAINESVILLE</b>	County	<b>Alachua</b>	State	<b>FL</b>	ZIP	<b>326531649</b>	Country (Non-US)	
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Is location under control of reporting facility or parent company?						[ ] Yes [ <b>X</b> ] No			
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A. Total Transfer (pounds/year*) (Enter range code** or estimate)		B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1 . <b>1.3</b>		1 . <b>O</b>		1 . <b>M73</b>					

6.2.6 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	<b>GRANTSVILLE</b>	County	<b>Tooele</b>	State	<b>UT</b>	ZIP	<b>84029</b>	Country (Non-US)	
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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>84.1</b>		1 . <b>O</b>		1 . <b>M65</b>					

**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
<b>7A. 1 a</b>	<b>7A. 1 b</b>	<b>7A. 1 c</b>
<b>S</b>	2 : <b>H101</b>	<b>E6</b>
<b>7A. 2 a</b>	<b>7A. 2 b</b>	<b>7A. 2 c</b>
<b>W</b>	2 : <b>H123</b> 3 : <b>H077</b> 4 : <b>H082</b> 5 : <b>H124</b> 6 : <b>H129</b> 7 : <b>H122</b>	<b>E1</b>

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<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>Mercury</b>

**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	4.8255	NA	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	119.5	NA	NA
8.1d	Total other off-site disposal or other releases	NA	50.2	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	<input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.30		
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

EPA Form 9350-1 (Rev. 02/2022) - Previous editions are obsolete.

\*\* 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
<a href="#">87545LSLMSLOSAL</a>
Toxic Chemical, Category, or Generic Name
<a href="#">Mercury</a>

<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>
Non Covered NAICS	<a href="#">Error Reviewed / No Comment.</a>

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Form Approved OMB Number: **2070-0212**  
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<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>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.					
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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>2023-06-26</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>	
				Country (Non-US)	
4.2		This report contains information for: (Important: check a or b; check c or d if applicable)			
		a. [ <b>X</b> ] An Entire facility	b. [ ] Part of a facility	c. [ ] A Federal facility	d. [ <b>X</b> ] GOCO
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>STEVEN HORAK</b>		Email Address <b>HORAK@LANL.GOV</b>	
				Telephone Number (include area code and ext.) <b>505-551-4514</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)	<b>US DEPARTMENT OF ENERGY</b>					No U.S. Parent Company (for TRI Reporting purposes) [ ]	
5.2	Parent Company's Dun & Bradstreet Number	NA [ <b>X</b> ]						

**\*\*\* 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>87545LSLMSLOSAL</b>			
		Toxic Chemical, Category, or Generic Name <b>Lead</b>			
SECTION 1. TOXIC CHEMICAL IDENTITY (Important: DO NOT complete this section if you are reporting a mixture component in Section 2 below.)					
1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.) <b>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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
	a. <input checked="" 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 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 checked="" 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 [ ]	<b>2.4</b>	<b>C</b>	
5.2	Stack or point air emissions	NA [ ]	<b>0.74</b>	<b>E1</b>	
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	<b>SANDIA TRIBUTARY TO RIO GRANDE</b>		<b>0.207</b>	<b>M2</b>	<b>0.00%</b>
5.3.2	<b>MORTANDAD TRIBUTARY TO RIO GRANDE</b>		<b>0.042</b>	<b>M2</b>	<b>0.00%</b>
5.3.3	<b>LOS ALAMOS TRIBUTARY TO RIO</b>		<b>0.055</b>	<b>M2</b>	<b>0.00%</b>



GRANDE

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

EPA Form 9350-1 (Rev. 02/2022) - Previous editions are obsolete.

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

		NA	A. Total Release (pounds/year*) (Enter range code** or estimate)	B. Basis of Estimate (Enter code)
5.4-5.5	Disposal to land on-site			
5.4.1	Class I Underground Injection wells	[ X ]		
5.4.2	Class II-V Underground Injection wells	[ X ]		
5.5.1.A	RCRA subtitle C landfills	[ X ]		
5.5.1.B	Other landfills	[ X ]		
5.5.2	Land treatment/application farming	[ X ]		
5.5.3A	RCRA Subtitle C surface impoundments	[ X ]		
5.5.3B	Other surface impoundments	[ X ]		
5.5.4	Other disposal	[ ]	<b>1226.4</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>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 [ <input checked="" type="checkbox"/> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)						
1 . <b>0.1</b>			1 . <b>O</b>		1 . <b>M64</b>						
6.2.2 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 [ <input checked="" type="checkbox"/> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)						
1 . <b>860</b>			1 . <b>O</b>		1 . <b>M64</b>						
6.2.3 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 E 96TH 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 [ <input checked="" type="checkbox"/> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)						
1 . <b>1596.9</b>			1 . <b>O</b>		1 . <b>M64</b>						
6.2.4 Off-Site EPA Identification Number (RCRA ID No.)								<b>AZ0000337360</b>			
Off-Site Location Name:								<b>VEOLIA ES TECHNICAL SOLUTIONS</b>			
Off-Site Address:								<b>5736 W JEFFERSON ST</b>			
City	<b>PHOENIX</b>	County	<b>Maricopa</b>	State	<b>AZ</b>	ZIP	<b>85043</b>	Country (Non-US)			
Is location under control of reporting facility or parent company?								[ ] Yes [ <input checked="" type="checkbox"/> ] No			
A. Total Transfer (pounds/year*) (Enter range code** or estimate)			B. Basis of Estimate (Enter code)		C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)						
1 . <b>36.1</b>			1 . <b>O</b>		1 . <b>M64</b>						

6.2.5 Off-Site EPA Identification Number (RCRA ID No.)					NVT330010000				
Off-Site Location Name:					US ECOLOGY NEVADA, INC				
Off-Site Address:					HWY 95 11 MI S OF BEATTY				
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 . 508.4			1 . O		1 . M64				
6.2.6 Off-Site EPA Identification Number (RCRA ID No.)					NM4890139088				
Off-Site Location Name:					U.S. DOE WASTE ISOLATION PILOT PLANT				
Off-Site Address:					4021 NATIONAL PARKS HIGHWAY				
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 . 14318.4			1 . O		1 . M41				
6.2.7 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 . 180.6			1 . O		1 . M94				
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 . 154.6			1 . O		1 . M73				
6.2.9 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 . 3.9			1 . O		1 . M64				

6.2.10 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)	
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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 . 262.2		1 . O		1 . M65			

**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
<b>7A. 1 a</b>	<b>7A. 1 b</b>	<b>7A. 1 c</b>
<b>W</b>	2 : H123 3 : H077 4 : H082 5 : H124 6 : H129 7 : H122	<b>E3</b>
<b>7A. 2 a</b>	<b>7A. 2 b</b>	<b>7A. 2 c</b>
<b>S</b>	2 : H101	<b>E6</b>

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

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<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 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	1468.92	1229.844	1200	1200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	6982.8	3267.6	5000	5000
8.1d	Total other off-site disposal or other releases	5315.9	14653.6	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	<input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.90		
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

EPA Form 9350-1 (Rev. 02/2022) - Previous editions are obsolete.

\*\* 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
<a href="#">87545LSLMSLOSAL</a>
Toxic Chemical, Category, or Generic Name
<a href="#">Lead</a>

<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>
Non Covered NAICS	<a href="#">Error Reviewed / No Comment.</a>



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

Page 1 of 6

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>2022</b>						
SECTION 2. TRADE SECRET INFORMATION						
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [ <b>X</b> ] NO (Do not answer 2.2; go to Section 3)					
2.2	Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)					
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)						
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.						
Name and official title of owner/operator or senior management official: <b>Adrienne Nash General Engineer</b>			Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>		Date Signed: <b>2023-06-28</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. [ <b>X</b> ] An Entire facility	b. [ ] Part of a facility	c. [ <b>X</b> ] A Federal facility	d. [ ] GOCO
4.3	Technical Contact name	<b>Karen Armijo</b>	Email Address <b>KAREN.ARMIGO@NNSA.DOE.GOV</b>		Telephone Number (include area code and ext.) <b>505-221-3664</b>	
4.4	Public Contact name	<b>Toni Chiri</b>	Email Address <b>TONI.CHIRI@NNSA.DOE.GOV</b>		Telephone Number (include area code and ext.) <b>505-667-6691</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)	<b>US DEPARTMENT OF ENERGY</b>					No U.S. Parent Company (for TRI Reporting purposes) [ ]	
5.2	Parent Company's Dun & Bradstreet Number	NA [ <b>X</b> ]						

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<b>EPA FORM R 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:	3.2	Process the toxic chemical:	3.3	Otherwise use the toxic chemical:
	a. <input checked="" 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 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 checked="" 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	<input checked="" type="checkbox"/> <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>2.4</b>	<b>C</b>	
5.2	Stack or point air emissions	NA <input type="checkbox"/>	<b>0.74</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>0.207</b>	<b>M2</b>	<b>0.00%</b>
5.3.2	<b>MORTANDAD TRIBUTARY TO RIO GRANDE</b>		<b>0.042</b>	<b>M2</b>	<b>0.00%</b>
5.3.3	<b>LOS ALAMOS TRIBUTARY TO RIO</b>		<b>0.055</b>	<b>M2</b>	<b>0.00%</b>

GRANDE

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

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

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<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>	TRI Facility ID Number <hr/> <b>87544SDLSL52835</b> <hr/> Toxic Chemical, Category, or Generic Name <hr/> <b>Lead</b>
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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	[ ]	<b>1226.4</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 ]
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**\*\*\* 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				87544SDL52835		Toxic Chemical, Category, or Generic Name		Lead		
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS								NA []						
6.2.1 Off-Site EPA Identification Number (RCRA ID No.)								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 . 154.6				1 . O				1 . M73						
6.2.2 Off-Site EPA Identification Number (RCRA ID No.)								AZ0000337360						
Off-Site Location Name:								VEOLIA ES TECHNICAL SOLUTIONS						
Off-Site Address:								5736 W JEFFERSON ST						
City		PHOENIX		County		Maricopa		State	AZ	ZIP		85043	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 . 36.1				1 . O				1 . M64						
6.2.3 Off-Site EPA Identification Number (RCRA ID No.)								NMD986683563						
Off-Site Location Name:								WASTE MANAGEMENT OF NEW MEXICO						
Off-Site Address:								33RD STREET 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 . 0.1				1 . O				1 . M64						
6.2.4 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?										[] 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 . 860				1 . O				1 . M64						

6.2.5 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 E 96TH 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>1596.9</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.6 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?						[ ] 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>508.4</b>			1 . <b>O</b>		1 . <b>M64</b>				
6.2.7 Off-Site EPA Identification Number (RCRA ID No.)					<b>NM4890139088</b>				
Off-Site Location Name:					<b>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>14318.4</b>			1 . <b>O</b>		1 . <b>M41</b>				
6.2.8 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>180.6</b>			1 . <b>O</b>		1 . <b>M94</b>				
6.2.9 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>3.9</b>			1 . <b>O</b>		1 . <b>M64</b>				

6.2.10 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?							[ ] 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 . 262.2	1 . O	1 . M65

**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
<b>7A. 1 a</b>	<b>7A. 1 b</b>	<b>7A. 1 c</b>
<b>W</b>	2 : H123 3 : H077 4 : H082 5 : H124 6 : H129 7 : H122	<b>E3</b>
<b>7A. 2 a</b>	<b>7A. 2 b</b>	<b>7A. 2 c</b>
<b>S</b>	2 : H101	<b>E6</b>

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



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

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

**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	1468.92	1229.844	1200	1200
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	6982.8	3267.6	5000	5000
8.1d	Total other off-site disposal or other releases	5315.9	14653.6	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	<input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)		0.90		
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

EPA Form 9350-1 (Rev. 02/2022) - Previous editions are obsolete.

\*\* 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

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

Page 1 of 6

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>87544SDLSL52835</b>	
				Toxic Chemical, Category, or Generic Name <b>Mercury</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>2022</b>					
SECTION 2. TRADE SECRET INFORMATION					
2.1		Are you claiming the toxic chemical identified on page 2 trade secret? [ ] Yes (Answer question 2.2; attach substantiation forms) [ <b>X</b> ] NO (Do not answer 2.2; go to Section 3)			
2.2		Is this copy [ ] Sanitized [ ] Unsanitized (Answer only if "Yes" in 2.1)			
SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)					
I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.					
Name and official title of owner/operator or senior management official: <b>Adrienne Nash General Engineer</b>			Signature: <b>Reference Copy: Copy of Record Resides in CDX</b>		Date Signed: <b>2023-06-28</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>87544SDLSL52835</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. [ <b>X</b> ] An Entire facility	b. [ ] Part of a facility	c. [ <b>X</b> ] A Federal facility	d. [ ] GOCO
4.3		Technical Contact name <b>Karen Armijo</b>	Email Address <b>KAREN.ARMIGO@NNSA.DOE.GOV</b>		Telephone Number (include area code and ext.) <b>505-221-3664</b>
4.4		Public Contact name <b>Toni Chiri</b>	Email Address <b>TONI.CHIRI@NNSA.DOE.GOV</b>		Telephone Number (include area code and ext.) <b>505-667-6691</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)	<b>US DEPARTMENT OF ENERGY</b>					No U.S. Parent Company (for TRI Reporting purposes) [ ]	
5.2	Parent Company's Dun & Bradstreet Number	NA [ <b>X</b> ]						

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<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION</b>		TRI Facility ID Number <b>87544SDLSL52835</b>			
		Toxic Chemical, Category, or Generic Name <b>Mercury</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>7439976</b>				
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.) <b>Mercury</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 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: <b>Z399</b>
SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR					
4.1	<input checked="" type="checkbox"/> <b>04</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 checked="" type="checkbox"/>			
5.2	Stack or point air emissions	NA <input type="checkbox"/>	<b>4.79</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>0.027</b>	<b>M2</b>	<b>0.00%</b>
5.3.2	<b>MORTANDAD TRIBUTARY TO RIO GRANDE</b>		<b>0.0012</b>	<b>M2</b>	<b>0.00%</b>
5.3.3	<b>LOS ALAMOS TRIBUTARY TO RIO GRANDE</b>		<b>0.0073</b>	<b>M2</b>	<b>0.00%</b>



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

**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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<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>				TRI Facility ID Number					
				87544SDL52835					
				Toxic Chemical, Category, or Generic Name					
				Mercury					
SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS						NA []			
6.2.1 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?						[] 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 . 1.5		1 . O		1 . M64					
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?						[] 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 . 84.1		1 . O		1 . M65					
6.2.3 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 . 1.3		1 . O		1 . M73					
6.2.4 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 . 0.3		1 . O		1 . M64					

6.2.5 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. 33.6	1. O	1. M64

6.2.6 Off-Site EPA Identification Number (RCRA ID No.)		NM4890139088	
Off-Site Location Name:		U.S. DOE WASTE ISOLATION PILOT PLANT	
Off-Site Address:		4021 NATIONAL PARKS HIGHWAY	

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. 48.9	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
<b>7A. 1 a</b>	<b>7A. 1 b</b>	<b>7A. 1 c</b>
<b>S</b>	2 : <b>H101</b>	<b>E6</b>
<b>7A. 2 a</b>	<b>7A. 2 b</b>	<b>7A. 2 c</b>
<b>W</b>	2 : <b>H123</b> 3 : <b>H077</b> 4 : <b>H082</b> 5 : <b>H124</b> 6 : <b>H129</b> 7 : <b>H122</b>	<b>E1</b>

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

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

<b>EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION (CONTINUED)</b>	TRI Facility ID Number <hr/> <b>87544SDLSL52835</b> <hr/> Toxic Chemical, Category, or Generic Name <hr/> <b>Mercury</b>
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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*)
<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
8.1b	Total other on-site disposal or other releases	NA	4.8255	NA
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills	NA	119.5	NA
8.1d	Total other off-site disposal or other releases	NA	50.2	NA
8.2	Quantity used for energy recovery on-site	NA	NA	NA
8.3	Quantity used for energy recovery off-site	NA	NA	NA
8.4	Quantity recycled on-site	NA	NA	NA
8.5	Quantity recycled off-site	NA	NA	NA
8.6	Quantity treated on-site	NA	NA	NA
8.7	Quantity treated off-site	NA	NA	NA
8.8	Non-production-related waste managed**	NA		
8.9	<input type="checkbox"/> Production ratio or <input checked="" type="checkbox"/> Activity ratio (select one and enter value to right)	0.30		
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

EPA Form 9350-1 (Rev. 02/2022) - Previous editions are obsolete.

\*\* 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
<a href="#">87544SDLSL52835</a>
Toxic Chemical, Category, or Generic Name
<a href="#">Mercury</a>

<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>