EMID-702805 Rec'd 6/28/23



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 1st, 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,

Marjane B. Starkten

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, <u>silas.deroma@nnsa.doe.gov</u> Stephen Jochem, NA-LA, <u>stephen.jochem@nnsa.doe.gov</u> Michael Mikolanis, EM-LA, <u>michael.mikolanis@em.doe.gov</u> M. Lee Bishop, EM-LA, <u>lee.bishop@em.doe.gov</u>

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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 2 7 2023

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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

			A	NCt.						
_	EPA FORM R TRI Facility ID Number									
	Section 313 of the Ei	mergency Planning and	8754	5LSLMSLOS	AL					
	ection also known as Title	to-know Act of 1986, e III of the Superfund	Toxic Chemical, Category, or Generic Name							
Ag	ency Amendments and	Reauthorization Act.	Merc	ury						
	ection only applies if you are re		(Enter up to two code(s))			Witho	Irawal (Ente	r up to two	code(s))	
	ndrawing a previously submitter vise leave blank:	d form,	[]							
Importa	ant: See Instructions to determine	11 1	,							
		Part I. FACILITY	Í IDENTI	FICATION INF	ORMAT	ION				
	ON 1. REPORTING YEAR : 2022	-								
SECTION	ON 2. TRADE SECRET INFORM	ATION								
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? 2.1 [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)									
2.2	Is this copy [] Sanitized [] Unsanitize (Answer only if "Yes" in 2									
	ON 3. CERTIFICATION (Importan	-								
	y certify that I have reviewed the a te and that the amounts and value									
Name	and official title of owner/operator	or senior management off	ficial:	Signature:					Date Signed:	
Marjo	rie Stockton Acting Team Lo	eader	Reference Copy: Copy of Record Resides in CD				in CDX	2023-06-26		
SECTI	ON 4. FACILITY IDENTIFICATION	N								
	Facility or Establishment Name TRIAD NATIONAL SECURI LABORATORY	TY, LLC, LOS ALAMOS	NATIO	NAL		ity ID Number L SLMSLOSA	L	BIA Code		
4.1	<u>Street</u> BIKINI ATOLL RD SM30				address)	r Establishment M	lailing Address (if different fron	n physical street	
	City/County/State/ZIP Code City/State/ZIP Code Country (Non-US) LOS ALAMOS / Los Alamos / NM / 87545 87545 Country (Non-US)									
4.2	This report contains information to (Important: check a or b; check c		X] An E	Entire facility	b. [] Pa	rt of a facility	c. [] A Feder	al facility	d. [<mark>X</mark>] GOCO	
4.3	Technical Contact name	Walter Whetham		<u>I Address</u> t@lanl.gov		Telephone Numb		a code and ext.)	
4.4	Public Contact name		walt@lanl.gov 505-695-8056 Email Address horak@lanl.gov Telephone Number (include area code and 505-551-4514				a code and ext.)		

Page 2 of 6

4.5	NAICS Code(s) (6 digits)	a. 928110 (Primary)	b.	с.	d.	e.	f.			
	Dun and Bradstreet Number(s) (9 digits)									
	a. <mark>NA</mark> b.									
SECTIO	ON 5. PARENT COMPANY INFORMATION									
1 2 1	5.1 Name of U.S. Parent Company (for TRI Reporting purposes) US DEPARTMENT OF ENERGY No U.S. Parent Company (for TRI Reporting purposes) []									
5.2	Parent Company's Dun & Bradstreet Number	NA [<mark>X</mark>]								

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Page 3 of 6

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			TRI Fac	cility ID Number				
	EPA FORM R		87545L	SLMSLOSAL				
P/	ART II. CHEMICAL - SPECIFIC INFORM		Toxic C	hemical, Category, or G	Generic I	Name		
			Mercury					
SECTI	ON 1. TOXIC CHEMICAL IDENTITY (Importar	nt: DO NOT cor	nplete t	his section if you are re	porting	a mixture compone	ent in Section 2 below.)	
	CAS Number (Important: Enter only one numb	er exactly as it	appear	s on the Section 313 lis	st. Enter	category code if re	eporting a chemical	
1.1	category.)							
	7439976							
1.2	Toxic Chemical or Chemical Category Name (I	mportant: Ente	r only o	ne name exactly as it a	ppears	on the Section 313	3 list.)	
	Mercury							
	Generic Chemical Name (Important: Complete	only if Part I, S	Section	2.1 is checked "Yes". G	eneric I	Name must be stru	cturally descriptive).	
1.3	NA							
SECTI	ON 2. MIXTURE COMPONENT IDENTITY (Imp	ortant: DO NO	plete this section if you	complet	ed Section 1.)			
	Generic Chemical Name Provided by Supplier	(Important: Ma	iximum	of 70 characters, includ	ding nun	nbers, spaces, and	punctuation.)	
2.1 NA								
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 cl	hemical:	3.3	Otherwise use the	toxic chemical:	
	a. [X] Produce b. [] Import							
lf prod	uce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [X] As a byproduct f. [] As an impurity	a. [] As a re Sub-Uses: b. [] As a fo Sub-Uses: c. [] As an d. [] Repac e. [] As an f. [] Recycl	ormulati article o kaging impurity	ion component component		a. [] As a chemic Sub-Uses: b. [] As a manufa Sub-Uses: c. [X] Ancillary o Sub-Uses: Z39	acturing aid or other use	
SECTI	ON 4. MAXIMUM AMOUNT OF THE TOXIC CH	EMICAL ON-S	SITE AT	ANY TIME DURING T	HE CAL	ENDAR YEAR		
4.1	[04] (Enter two-digit code from instruction pa	ackage.)						
SECTI	ON 5. QUANTITY OF THE TOXIC CHEMICAL	ENTERING EA	CH EN	VIRONMENTAL MEDIL	JM 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 [X]						
5.2	Stack or point air emissions	NA []		4.79		E1		
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA []						
Stream or Water Body Name Coption								
5.3.1 SANDIA TRIBUTARY TO RIO GRANDE				0.027	M2		0.00%	
5.3.2	MORTANDAD TRIBUTARY TO RIO GRANDE			0.0012		M2	0.00%	
5.3.3	LOS ALAMOS TRIBUTARY TO RIO GRANDE			0.0073		M2	0.00%	

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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.

Page 4 of 6

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				TRI Facility ID Number						
Бл	EPA FORM RT II. CHEMICAL - SPECI			87545LSLMSLOSAL						
	(CONTINUE		NION	Toxic Chemical, Category, or Generic Name						
				Mercury						
SECTIO	ON 5. QUANTITY OF THE TOXI	С СНЕ	EMICAL ENTERING E	EACH ENVIRONMENTAL MEDIUM ON-SITE (Co	ontinued)					
	B. Basis of Estimate (E	nter 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]								
	ptional Waste Rock Piles Information of the state of the									
SECTIO	ON 6. TRANSFER(S) OF THE T	OXIC	CHEMICAL IN WAST	ES TO OFF-SITE LOCATIONS						
6.1 DIS	CHARGES TO PUBLICLY OWN	IED T	REATMENT 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. Page 5 of 6

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					TRI Facility ID	Numbe	er					
	EP/ ART II. CHEMICAL			MATION	87545LSLMS	LOSA	L					
					Toxic Chemica	I, Cate	gory, or	Generic	Name			
					Mercury							
SECT	ION 6.2 TRANSFERS 1		ER OFF-SITE L	OCATIONS		NA[]						
6.2.1	Off-Site EPA Identification	on Numt	er (RCRA ID N	lo.)		NM4890139088						
0	ff-Site Location Name:					U.S. C	OE WA	ASTE I	SOLATION PILOT P	LANT		
0	ff-Site Address:					4021 NATIONAL PARKS HIGHWAY						
City	CARLSBAD		County	Eddy		State	NM	ZIP	88220	Country (Non-US)		
	Is location under cor	or parent com	pany?			[]Yes	[X] No					
	A. Total Transfer (po (Enter range code**	of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (B						
1	1.48.9 1.O						1 . <mark>M4</mark> ′	1				
6.2.2	Off-Site EPA Identification	on Numt	er (RCRA ID N	lo.)		TXD9	880884	64				
	ff-Site Location Name:								SPECIALISTS			
0	ff-Site Address:					9998		E HIG	HWAY 176			
City	ANDREWS		County	Andrews		State TX ZIP 79714			Country (Non-US)			
	Is location under cor	ntrol of re	eporting facility	or parent com	pany?			[]Yes	[X] No			
	A. Total Transfer (po (Enter range code**				of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (B			
1	. 1.5			1 . <mark>O</mark>			1 . M6 4	4				
6.2.3	Off-Site EPA Identification	on Numt	er (RCRA ID N	lo.)		COD9	805911	84				
0	ff-Site Location Name:					VEOL	IA ES 1	ECHN	ICAL SOLUTIONS L	.LC		
0	ff-Site Address:					9131	E 96TH	AVE				
City	HENDERSON		County	Adams		State	со	ZIP	80640	Country (Non-US)		
	Is location under cor	ntrol of re	porting facility	or parent com	pany?			[]Yes	[X] No			
	A. Total Transfer (po (Enter range code**				of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (B			
1	. 33.6			1 . O			1 . M6 4	4				
6.2.4	Off-Site EPA Identification	on Numb	er (RCRA ID N	lo.)		WAR	00010	355				
0	ff-Site Location Name:					PERN	A FIX I	NORTH	IWEST RICHLAND I	NC		
0	Off-Site Address:					2025	BATTE	LLE BI	_VD			
City	tity RICHLAND County Benton					State	WA	ZIP	99354	Country (Non-US)		
	Is location under control of reporting facility or parent compa							[]Yes	[X] No			
	A. Total Transfer (pounds/year*) (Enter range code** or estimate) (Enter							С. Тур	e of Waste Treatment/ ng/Energy Recovery (I			
1	. 0.3	or court		1. 0		\top	1 . M6 4		ng, Energy recovery (I			
			ı									

6.2.5	Off-Site EPA Ider	ntification Numb	er (RCRA ID	No.)	FLC)98	07110	71				
0	Off-Site Location Name: Off-Site Address:					RM/	A-FIX	OF FLO	ORIDA INC			
0	ff-Site Address:				194	0 N	IW 671	TH PL				
City	GAINESVILL	E	County	Alachua	Stat	te	FL	ZIP	326531649		Country (Non-US)	
	Is location un	der control of re	eporting facility	or parent company?	nt company?							
		sfer (pounds/ye code** or estim		B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)							
1	. 1.3	1. O			1 . M7 :	3						
6.2.6	Off-Site EPA Ider	ntification Numb	er (RCRA ID	No.)	UT	D98	25988	98				
0	ff-Site Location N	Name:			ENE	ERC	GY SO	LUTIO	NS CLIVE FACI	LITY		
0	ff-Site Address:				U.S	U.S. INTERSTATE 80, EXIT 49,						
City	GRANTSVILI	LE	County	Tooele	State U		UT	ZIP	84029		Country (Non-US)	
	Is location un	der control of re	porting facility	or parent company?	mpany? [] Yes [X] No				[🗙] No			
		sfer (pounds/ye code** or estim		B. Basis of Estimate (Enter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)							
1	. 84.1			1. O			1 . M6	5				
SECT	ION 7A. ONSITE	E WASTE TREA	TMENT MET	HODS AND EFFICIENCY								
[] Not	Applicable (NA)	- Check here if	no on-site wa	ste treatment is applied to ar	ny waste	e sti	ream c	ontainin	g the toxic chemic	cal or c	hemical categ	gory.
Wa	a. General Waste Stream (enter code) b. Waste Treatment Method(s) Sequence [enter 3-character code(s)]								c. Waste Tre Efficien Estima	су	t	
	7A.1 a 7A.1 b								7A. 1	С		
	S 2 : H101								E6			
	7A. 2 a 7A. 2 b								7A. 2	С		
	W	2 : H123 3	: H077 4 : H	082 5: H124 6: H129 7:	29 7 : H122 E1							

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Page 6 of 6

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		TRI I	Facility ID I	Number							
В	EPA FORM R ART II. CHEMICAL - SPECIFIC INFORMATIO		45LSLMS	LOSAL							
	(CONTINUED)		Toxic Chemical, Category, or Generic Name								
		Mer	cury								
SECTI	ON 7B. ON-SITE ENERGY RECOVERY PROCESSES										
	A - Check here if no on-site energy recovery is applied t	to any waste	Э								
	containing the toxic chemical or chemical category. Recovery Methods [Enter 3-character code(s)]										
SECTI	ON 7C. ON-SITE RECYCLING PROCESSES										
	A - Check here if no on-site recycling is applied to any w	vaste									
	containing the toxic chemical or chemical category. ing Methods [Enter 3-character code(s)]										
SECTI	ON 8. SOURCE REDUCTION AND WASTE MANAGE	MENT									
			C	olumn A		olumn B	Colum	n C	Column D		
			Pr	ior Year	Curre	ent Reporting Year	Followin	g Year	Second Following Year		
			(pou	nds/year*)	(po	unds/year*)	(pounds	/year*)	(pounds/year*)		
	8.1 - 8.7 Production-Related Waste Managed										
	Total on-site disposal to Class I										
8.1a	Underground Injection Wells, RCRA Subtitle C landfills, and other landfills		NA		NA		NA		NA		
8.1b	Total other on-site disposal or other		NA		4.82	55	NA		NA		
	releases				4.02	55					
8.1c	Total off-site disposal to Class I Underground Injection Wells, RCRA		NA		119.	5	NA		NA		
	Subtitle C landfills, and other landfills										
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										
8.3	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						
	[] Production ratio or [X] Activity ratio (select one and	to right)		0.30							
	Did your facility engage in any newly implemented sou chemical during the reporting year? If so, complete the following section; if not, check NA.		• /		NA [<mark>)</mark>	(]					
	Source Reduction Activities (Enter code(s))		Methods t	o Identify Activity	(Ente	r code(s))		red	mated annual uction (Enter e(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

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TRI Facility ID Number

87545LSLMSLOSAL

Toxic Chemical, Category, or Generic Name

Mercury

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

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

Section 9.1: If you wish to s here.	ubmit any miscellaneous, additional, or optional information regarding your Form R submission, provide it								
Торіс	Topic Comment								
Non Covered NAICS	Error Reviewed / No Comment.								

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Page 1 of 6

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			/	- Οι.					
	PA FO	ORM R	TRI F	acility ID Numl	ber				
I -	States Section 313 of the	e Emergency Planning and	8754	5LSLMSLOS	AL				
	ection also known as	ht-to-know Act of 1986, Title III of the Superfund	Toxic	oxic Chemical, Category, or Generic Name					
Age	ency Amendments a	nd Reauthorization Act.	Lead						
	ection only applies if you are		on (Enter	up to two cod	e(s))	With	drawal (Ente	r up to two	code(s))
	idrawing a previously submi /ise leave blank:	itted form,	[][]			[][]	
Importa	ant: See Instructions to determ	ine when "Not Applicable (NA)" boxe:	s should be ch	ecked.				
			ITY IDENT	IFICATION IN	FORMATION				
	ON 1. REPORTING YEAR : 20								
SECTIO	ON 2. TRADE SECRET INFOR	RMATION							
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? 2.1 [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)								
2.2	Is this copy [] Sanitized [] Unsan (Answer only if "Yes"								
SECTIO	ON 3. CERTIFICATION (Impor	tant: Read and sign after c	completing	all form section	ns.)				
	y certify that I have reviewed the and that the amounts and v								
Name	and official title of owner/opera	ator or senior management	official:	Signature:					Date Signed:
Marjo	rie Stockton Acting Team	n Leader		Reference	Сору: Сору	/ of Reco	ord Resides	in CDX	2023-06-26
SECTIO	ON 4. FACILITY IDENTIFICAT	ION							
	Facility or Establishment Name TRIAD NATIONAL SECU LABORATORY	RITY, LLC, LOS ALAMO	OS NATIC	DNAL	TRI Facility ID 87545LSL	Number MSLOS/	AL.	BIA Code	
4.1	<u>Street</u> BIKINI ATOLL RD SM30				Facility or Esta address) PO BOX 10		/ailing Address (if different fror	n physical street
	City/County/State/ZIP Code LOS ALAMOS / Los Ala	umos / NM / 87545			City/State/ZIP LOS ALAN 87545		NM /	Country (Nor	<u>1-US)</u>
4.2	This report contains information (<u>Important:</u> check a or b; check		a. [<mark>X</mark>] An I	Entire facility	b. [] Part of a	a facility	c. [] A Feder	al facility	d. [X] GOCO
4.3	Technical Contact name	WALTER WHETHAM		il Address LT@LANL.G	ov	Telephone	Number (include	e area code ar	<u>nd ext.)</u>
4.4	Public Contact name		il Address RAK@LANL	.GOV	Telephone	Number (include	e area code ar	<u>nd ext.)</u>	

Act.

Page 2 of 6

4.5	NAICS Code(s) (6 digits)	a. 928110 (Primary)	b.	с.	d.	e.	f.			
	Dun and Bradstreet Number(s) (9 digits)									
	a. <mark>NA</mark> b.									
SECTIO	ON 5. PARENT COMPANY INFORMATION									
1 51	5.1 Name of U.S. Parent Company (for TRI Reporting purposes) US DEPARTMENT OF ENERGY No U.S. Parent Company (for TRI Reporting purposes) []									
5.2	Parent Company's Dun & Bradstreet Number	NA [<mark>X</mark>]								

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Page 3 of 6

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			TRI Fac	cility ID Number				
	EPA FORM R		875451	LSLMSLOSAL				
P/	ART II. CHEMICAL - SPECIFIC INFO	ORMATION	Toxic C	hemical, Category, or G	Generic Name			
			Lead					
SECTI	ON 1. TOXIC CHEMICAL IDENTITY (Impo	ortant: DO NOT co	omplete t	this section if you are re	porting a mixture compo	nent in Section 2 below.)		
	CAS Number (Important: Enter only one nu			-				
1.1	category.)	-						
	7439921							
1.2	Toxic Chemical or Chemical Category Nam	ne (Important: En	ter only o	one name exactly as it a	ppears on the Section 3	13 list.)		
1.2	Lead							
1.3	Generic Chemical Name (Important: Comp	lete only if Part I,	, Section	2.1 is checked "Yes". G	eneric Name must be st	ructurally descriptive).		
1.0	NA							
SECTI	ON 2. MIXTURE COMPONENT IDENTITY	(Important: DO N	IOT comp	plete this section if you	completed Section 1.)			
	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, spaces, and punctuation.)							
2.1 NA								
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 th	ne toxic cl	hemical:	3.3 Otherwise use th	ne toxic chemical:		
	a. [X] Produce b. [] Import							
lf prod	uce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [X] As a byproduct f. [] As an impurity	Sub-Uses	s: i formulat s: an articl ackaging in impurit	ion component e component	a. [] As a chem Sub-Uses: b. [] As a manu Sub-Uses: c. [X] Ancillary Sub-Uses: <mark>Z</mark>	or other use		
SECTI	ON 4. MAXIMUM AMOUNT OF THE TOXIC	CHEMICAL ON	-SITE AT	ANY TIME DURING T	HE CALENDAR YEAR			
4.1	[05] (Enter two-digit code from instructio	n package.)						
SECTI	ON 5. QUANTITY OF THE TOXIC CHEMIC	AL ENTERING E	EACH EN	VIRONMENTAL MEDIU	JM ON-SITE			
				A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater		
5.1	Fugitive or non-point air emissions	NA []		2.4	С			
5.2	Stack or point air emissions	NA []		0.74	E1			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA []						
	Stream or Water Body Name	Reach (option						
	SANDIA TRIBUTARY TO RIO GRAND	E		0.207	M2	0.00%		
5.3.2				0.042	M2	0.00%		
5.3.3	LOS ALAMOS TRIBUTARY TO RIO			0.055	M2	0.00%		

GRANDE				
		*For Dioxin an	d Dioxin-like Comp	ounds, report in grams/year
EPA Form 9350-1 (Rev. 02/2022) - Previous editions a	re obsolete.	**Range Codes: A=1-10 p	ounds; B=11-499 p	ounds; C=500-999 pounds.

Page 4 of 6

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

				TRI Facility ID Number						
	EPA FORM RT II. CHEMICAL - SPECI			87545LSLMSLOSAL						
FA	(CONTINUE		INFORMATION	Toxic Chemical, Category, or Generic Name						
				Lead						
SECTIC	SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)									
		NA	A. Total Release (p	ounds/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	[<mark>X</mark>]								
5.5.1.A	RCRA subtitle C landfills	[<mark>X</mark>]								
5.5.1.B	Other landfills	[<mark>X</mark>]								
5.5.2	Land treatment/application farming	[<mark>X</mark>]								
5.5.3A	RCRA Subtitle C surface impoundments	[<mark>X</mark>]								
5.5.3B	Other surface impoundments	[<mark>X</mark>]								
5.5.4	Other disposal	[]	1226.4		С					
	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*)									
SECTIO	ON 6. TRANSFER(S) OF THE T	OXIC	CHEMICAL IN WAST	ES TO OFF-SITE LOCATIONS						
6.1 DIS	CHARGES TO PUBLICLY OWN	IED T	REATMENT WORKS	(POTWs)	NA [X]					

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

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

Page 5 of 6

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

				TRI Facility ID	Numbe	r					
	EPA FO			87545LSLMS	LOSA	L					
	ART II. CHEMICAL - SP (CONTIN		RMATION	Toxic Chemica	l, Cateç	gory, or	Generic	Name			
				Lead							
SECT	ION 6.2 TRANSFERS TO OT	HER OFF-SITE	LOCATIONS		NA[]						
6.2.1	Off-Site EPA Identification Nu	nber (RCRA ID I	No.)		NMD9	866835	563				
0	ff-Site Location Name:				WAST	E MAN	IAGEM	ENT OF NEW MEXI	CO		
Off-Site Address:						STREE		RTHERN BLVD.			
City	RIO RANCHO	County	Sandoval	State	NM	ZIP	87124	Country (Non-US)			
	Is location under control of reporting facility or parent company?						[]Yes	[🗙] No			
	A. Total Transfer (pounds/ (Enter range code** or es	s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E					
1.0.1 1.0						1 . M6 4	4				
6.2.2	6.2.2 Off-Site EPA Identification Number (RCRA ID No.)						64				
0	ff-Site Location Name:				WAST	E CON	TROL	SPECIALISTS			
0	ff-Site Address:				9998 \		E HIG	HWAY 176			
City	ANDREWS	County	Andrews		State	тх	ZIP	79714	Country (Non-US)		
	Is location under control of	reporting facility	or parent com	pany?	*		[]Yes	[X] No	*		
	A. Total Transfer (pounds/ (Enter range code** or es			s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E			
1	. 860		1. 0			1 . <mark>M6</mark> 4	4				
6.2.3	Off-Site EPA Identification Nu	nber (RCRA ID I	No.)		COD9	805911	84				
0	ff-Site Location Name:				VEOLIA ES TECHNICAL SOLUTIONS LLC						
0	ff-Site Address:				9131 E 96TH AVE						
City	HENDERSON	County	Adams		State	со	ZIP	80640	Country (Non-US)		
	Is location under control of	reporting facility	or parent com	pany?			[]Yes	[X] No			
	A. Total Transfer (pounds/ (Enter range code** or es			s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E			
1	. 1596.9		1. 0			1 . M6 4	4				
6.2.4	Off-Site EPA Identification Nu	mber (RCRA ID I	No.)		AZ000	03373	60				
0	ff-Site Location Name:				VEOL	IA ES 1	ECHN	ICAL SOLUTIONS			
0	ff-Site Address:				5736 \	N JEFF	ERSO	N ST			
City	PHOENIX County Maricopa				State	AZ	ZIP	85043	Country (Non-US)		
	Is location under control of	reporting facility	or parent com	pany?			[]Yes	[X] No			
				s of Estimate ter code)	C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)						
1	. 36.1		1 . <mark>O</mark>			1 . <mark>M6</mark> 4	4				

Orf-Site Address: US ECOLOGY NEWLOA, INC Off-Site Address: HWY 95 11 MI S OF DEATTY City BEATTY County Nye State NV ZIP 8903 County (Non-US) Is location under contol of roporting facility or parent company? [] Yes [X] No [] Yes [X] No [] Yes [X] No A. Total Transfer (poundsyear) (Effer range code" or estimate) B. Basis of Estimate (Effer range code" or estimate) C. Type of Waste Treatment/Disposal Recycling/Energy Recovery (Effer code) 1. 508.4 1. O I. Me4 62.6 Off-Site EA Identification Number (RCRA ID No.) NM44890139088 Country (Non-US) Off-Site Address: 4.21 MITONAL PARKS HIGHWAY City CARLSBAD Country (Non-US) [] Yes [X] No A. Total Transfer (pounds/year') (Effer range code' or estimate) B. Basis of Estimate (Effer range code' or estimate) C. Type of Waste Treatment/Disposal/ (Non-US) 1.14318.4 1.0 NV389009001 Country (Non-US) 0Ff-Site Address: NEXQAD ANTONAL SECURTY SITE City MERCURY Country Ny9 State NV ZIP 89023 (Country (Non-US)	6.2.5	Off-Site EPA Identification Number (RCRA ID No.)			NVT330010000						
City BEATTY County Nye State NV ZiP 89003 County (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] Yes [X] No [] 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) 01-58te Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT 015 Site Address: 4021 NATIONAL PARKS HIGHWAY City CARLSBAD County Eddy Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT 015 Site Address: 4021 NATIONAL PARKS HIGHWAY City CARLSBAD County Eddy Site Costion under control of reporting facility or parent company? [] Yes [X] No C. Type of Waste Treatment/Disposal/ (Enter range code*' or estimate) 2.7 Off-Site EAddress: Network SANFO Network SANFO Off-Site Address: Network SANFO [] Yes [X] No 2.4 Total Transfer (pounds/year') B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ (Non-US) [] Yes [X] No 2.5 Off-Site EAddress: Netwab Aratinsthe free founds/year'/ (Non-US) <t< td=""><td>0</td><td>ff-Site Location Name:</td><td></td><td></td><td>USE</td><td>COL</td><td>OGY</td><td>NEV</td><td>ADA, INC</td><td></td><td></td></t<>	0	ff-Site Location Name:			USE	COL	OGY	NEV	ADA, INC		
City BEAR 11 County Project Cite 1 B3003 [Non-US] Is location under control of reporting facility or parent company? [] Ves [X] No [] Ves [X] No [] Ves [X] No A. Total Transfer (pounds/year') B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 075-Site Location Name: U.S. DOE WASTE TISOLATION PLOT PLANT 075-Site Location Name: U.S. DOE WASTE TisOLATION ALL PARKS HIGHWAY City CARLSBAD County Eddy State NM4890130088 City CARLSBAD County Is location under control of reporting facility or parent company? [] Ves [X] No Is location under control of reporting facility or parent company? [] Ves [X] No A. Total Transfer (pounds/year') B. Basis of Estimate (Enter range code" or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 07F-Site EPA Identification Number (RCRAID No.) NV2880090001 Country (Non-US) 07F-Site EPA Identification Number (RCRAID No.) FLD980711071	0	ff-Site Address:			HW	<mark>r 9</mark> 5 1	1 MI	S OF	BEATTY		
A. Total Transfer (pounds/year') (Enter range code** or estimate) B. Basis of Estimate (Enter code) C. Type of Wasts Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 508.4 1. 0 1. M64 25. 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 A. Total Transfer (pounds/year') B. Basis of Estimate (Enter range code*' or estimate) C. Type of Wasts Treatment/Disposal/ (Non-US) I is location under control of reporting facility or parent company? [] Yes [X] No C. Type of Wasts Treatment/Disposal/ (Non-US) 1. 4315.4 1. 0 1. M41 62.7 Off-Site EPA Identification Number (RCRA ID No.) NV380090001 Off-Site Location Name: U.S. DOE, NNSANFO Off-Site Location Name: U.S. DOE	City	BEATTY	County	Nye	State	e NV	/ Z	ZIP	89003		
(Enter range code** or estimate) (Enter code) Recycling/Energy Recovery (Enter code) 1. 508.4 1. 0 1. M64 62.6 OF-Site EPA Identification Number (RCRA ID No.) NM4890139088 Off-Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT Off-Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT Off-Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT Off-Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT Off-Site Location Name: U.S. DOE, NMSATE ISOLATION PILOT PLANT (Inter range code** or estimate) Eddy State NM A. Total Transfer (pounds/year') B. Basis of Estimate C. Type of Waste Treatment/Disposal/ (Recruing/Energy Recovery (Enter code) 1. 4318.4 1. 0 1. M41 62.7 Off-Site EPA Identification Number (RCRA ID No.) NV3890090001 Off-Site Location Name: U.S. DOE, INSS/NFO Off-Site Address: NEVADA NATIONAL SECURITY SITE City MERCURY County Nye State NV ZIP 89023 Country (Non-US) I stocation under control of reporting facility or parent company? [] Yes [X] No		Is location under control	of reporting facilit	y or parent company?			[] Yes	[<mark>X</mark>] No		
C.2.0 OF-Site EPA Identification Number (RCRA ID No.) INM4890139088 Off-Site Location Name: U.S. DOE WASTE ISOLATION PILOT PLANT Off-Site Address: 4021 NATIONAL PARKS HIGHWAY City CARLSBAD County Eddy Site Address: 4021 NATIONAL PARKS HIGHWAY City CARLSBAD County Eddy Site Address: 4021 NATIONAL PARKS HIGHWAY A. Total Transfer (pounds/year') B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1.14318.4 1.0 1. M41 62.7 Off-Site EA Identification Number (RCRA ID No.) NV389090001 Off-Site Address: NEVADA NATIONAL SECURITY SITE City MERCURY County Nye Is location under control of reporting facility or parent company? [] Yes [X] No Country (INn-US) A. Total Transfer (pounds/year') B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1.80.6 1.0 1. M94 State FL ZIP 8023 Country (Non-US) Is location name: PERMA-FiX OF FLORIDA INC Country (Non-US) [] Yes [
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 (Nor-US) Is location under control of reporting facility or parent company? [] Yes [X] No C. Type of Waste Treetment/Disposal/ (Enter range code** or estimate) B. Basis of Estimate (Enter code) C. Type of Waste Treetment/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 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 C. Type of Waste Treatment/Disposal/ (Rener range code** or estimate) C. Type of Waste Treatment/Disposal/ (Non-US) 1. 180.6 1. O 1. M94 C. Type of Waste Treatment/Disposal/ (Rener range code** or estimate) C. Type of Waste Treatment/Disposal/ (Rener range code** or estimate) C. Type of Waste Treatment/Disposal/ (Non-US) 1. 180.6 1. O 1. M94 C. Type of Waste Treatment/Disposal/ (Recycling/Energy Recovery (Enter code)	1	. 508.4		1. 0		1.	M64				
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 C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. M41 1.14318.4 1.0 1. M41 1.0 1. M41 6.2.7 Off-Site EPA Identification Number (RCRA ID No.) IN3890090001 Off-Site Location Name: U. S. DOE, NNSA/NFO Off-Site Location Name: U. S. DOE, NNSA/NFO NV2 P 89023 [Country (Non-US)] Off-Site Address: Nye State NV ZIP 89023 [Country (Non-US)] Is location under control of reporting facility or parent company? [] Yes [X] No [] Yes [X] No [] 1.80.6 1.0 1.0 1.0 1.0 [] Yes [X] No 6.2.8 Off-Site EPA Identification Number (RCRAID No.) FL9807/11071 [] Yes [X] No [] Off-Site Location Name: PERMA-FIX OF FLORIDA INC [] Yes [X] No [] Yes [X] No [] Yes [X] No [] Y	6.2.6	Off-Site EPA Identification N	lumber (RCRA ID	No.)	NM4	89013	3908	8			
City CARLSBAD County Eddy State NM ZIP B8220 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] Yes [X] No [] Yes [X] No A. Total Transfer (pounds/year*) (Enter range code** or estimate) B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 14318.4 1. 0 1. M41 6.2.7 Off-Site EAI Identification Number (RCRA ID No.) NV3890090001 Off-Site Address: NEVADA NATIONAL SECURITY SITE City MERCURY County Nye Is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 180.6 1. 0 1. M94 6.2.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Off-Site Address: 1.0 1. M94 6.2.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Off-Site Address: 1.0 1. M94 City GAINESVILLE Counity Alachua	0	ff-Site Location Name:			U.S.	DOE	WAS	STE IS	SOLATION PILO	Γ PLANT	
CHY CARL SBAD County Edgy State NM 2.P 06.22.0 (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year') B. Basis of Estimate (Enter code) C. Type of Wasts Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 14318.4 1. 0 1. M41 62.7 Off-Site EPA Identification Number (RCRA ID No.) INV3890090001 Off-Site Address: U.S. DOE, INSA/NFO Off-Site Address: NEVADA NATIONAL SECURITY SITE City MERCURY County Nye State NV ZIP 6902.3 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No C. Type of Wasts Treatment/Disposal/ (Non-US) 4. Total Transfer (pounds/year') (Enter range code** or estimate) B. Basis of Estimate (Enter code) C. Type of Wasts Treatment/Disposal/ (Non-US) 1. 80.6 1. 0 1. M94 C. Type of Wasts Treatment/Disposal/ (Non-US) 0ff-Site Location Name: PERMA-FIX OF FLORIDA INC Country (Non-US) 0ff-Site Address: 1940 NW 67TH PL Country (Non-US) Country (Non-US) Country (Non-US) Country (Non-US) Country (Non-	0	ff-Site Address:			4021	I NAT	IONA	AL PA	RKS HIGHWAY		
A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 14318.4 1. 0 1. M41 6.2.7 Off-Site EPA Identification Number (RCRA ID No.) NV389009001 Off-Site Location Name: U. S. DOE, NNSA/NFO Off-Site Address: NEVADA NATIONAL SECURITY SITE City MERCURY County Nye Site Address: NV ZIP 89023 Country (Non-US) A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ (Roter range code** or estimate) C. Type of Waste Treatment/Disposal/ (Roter code) 1. 180.6 1. 0 1. M94 6.2.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 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 C. Type of Waste Treatment/Disposal/ (Roter range code** or estimate) C. Type of Waste Treatment/Disposal/ (Enter range code** or estimate) [] Yes [X] No State FL ZIP<	City	CARLSBAD	County	Eddy	State	e NN	n z	ZIP	88220		
(Enter range code** or estimate) (Enter code) Recycling/Energy Recovery (Enter code) 1.14318.4 1.0 1.041 62.7 Off-Site EPA Identification Number (RCRA ID No.) NV389009001 Off-Site Address: U. S. DOE, NNSANFO City MERCURY County Nye State NV Is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 180.6 1.0 1. M94 62.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Off-Site Address: 1.0 1. M94 62.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Off-Site Address: 1.0 1. M94 62.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Off-Site Address: 1.0 1. M94 is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) A. Total Transfer (pounds/year*)		Is location under control of reporting facility or parent company?					[] Yes	[🗙] No		
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 C. Type of Waste Treatment/Disposal/ (Enter range code** or estimate) B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1.180.6 1.0 1.00 1.094 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 Cauntry (Non-US) [] Yes [X] No A. Total Transfer (pounds/year') B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>											
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 [] Yes [X] No C. Type of Waste Treatment/Disposal/ (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 1.0 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 C. Type of Waste Treatment/Disposal/ (Non-US) [] Yes [X] No A Total Transfer (pounds/year*) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 1.0 1.0 1. M73 6.2.9 Off-Site EPA Identification Number (RCRA ID No.) WAR000010355	1	. 14318.4		1. 0		1.	M41				
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 [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1.80.6 1.0 1 M94 6.2.8 Off-Site EPA Identification Number (RCRA ID No.) FLD980711071 Country (Non-US) Off-Site Location Name: 1940 NW 67TH PL Country (Non-US) City GAINESVILLE County Alachua State FL ZIP 326531649 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] Yes [X] No [] 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) 1.954.6 1.0 1 M73 [] Yes [X] No 6.2.9 Off-Site EPA Identification Number (RCRA ID No.) WAR000010355	6.2.7	Off-Site EPA Identification N	Jumber (RCRA ID	No.)	NV3	89009	90001	1			
City MERCURY County Nye State NV ZIP 89023 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] 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 1.0 1.094 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 Country (Non-US) [] Yes [X] No Is location under control of reporting facility or parent company? [] Yes [X] No Country (Ron-US) [] Yes [X] No 6.2.9 Off-Site EPA Identification Number (RCRA ID No.) WAR000010355 Gountry (Non-US) [] Yes [X] No 0ff-Site EPA Identification Number (RCRA ID No.) WAR0000103555 Gountry (Non-US) Gountry (Non-US) Off-Site EPA Identification Number (RCRA ID N	0	ff-Site Location Name:			U. S	. DOE	, NN	SA/N	FO		
City NYB State NV ZIP OPD23 (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] 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 . 0 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 [] Yes [X] No [] Yes [X] No I . 1.54.6 1 . 0 1 . M73 [] Yes [X] No [] Yes [X] No Off-Site Location Name: PERMA FIX NORTHWEST RICHLAND INC 2025 BATTELLE BLVD Off-Site Location Name: 2025 BATTELLE BLVD [] Yes [X] No City Richards Country (Non-US) [] Yes [X] No [] Yes [X] No City Richards Country (Non-US) [] Yes [X] No <	0	ff-Site Address:			NEVADA NATIONAL SECURITY SITE						
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. 0 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 C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 6.2.9 Off-Site EPA Identification Number (RCRA ID No.) WAR000010355 C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 0ff-Site Location Name: PERMA FIX NORTHWEST RICHLAND INC 2025 BATTELLE BLVD 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 [] Yes [X] No Country (Non-US)	City	MERCURY	County	Nye	State	e NV	/ Z	ZIP	89023		
(Enter range code** or estimate) (Enter code) Recycling/Energy Recovery (Enter code) 1.180.6 1.0 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 [] Yes [X] No [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1.154.6 1.0 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 Location Name: 2025 BATTELLE BLVD 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 [] Yes [X] No [] Yes [X]		Is location under control	of reporting facilit	y or parent company?			[] Yes	[🗙] No		
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 C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code) 1. 154.6 1. 0 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 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No City RICHLAND Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year*) B. Basis of Estimate (Enter range code** or estimate) C. Type of Waste Treatment/Disposal/ (Non-US)											
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 [] 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 . 0 1 . M73 62.9 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	. 180.6		1. 0	1. M94						
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 [] 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 . 0 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 [] Yes [X] No [] 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)	6.2.8	Off-Site EPA Identification N	lumber (RCRA ID	No.)	FLD980711071						
City GAINESVILLE County Alachua State FL ZIP 326531649 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] 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 . 0 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 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)	0	ff-Site Location Name:			PER	MA-F	IX OI	F FLC	ORIDA INC		
City GAINESVILLE County Gaine FL 21P 326531649 (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] Yes [X] No [] 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 1.0 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 [] 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)	0	ff-Site Address:			1940) NW	67TH	I PL			
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. 0 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 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)	City	GAINESVILLE	County	Alachua	State	e <mark>FL</mark>	Z	ZIP	326531649		
(Enter range code** or estimate) (Enter code) Recycling/Energy Recovery (Enter code) 1.154.6 1.0 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 Is location under control of reporting facility or parent company? [] Yes [X] No A. Total Transfer (pounds/year*) (Enter code) B. Basis of Estimate (Enter code) C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)		Is location under control	of reporting facilit	y or parent company?			[] Yes	[<mark>X</mark>] No		
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 [] 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)											
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? I Yes [X] No [] 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. 0		1.	M73				
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? Image: State of the state of t	6.2.9	Off-Site EPA Identification N	Jumber (RCRA ID	No.)	WAF	R0000	1035	5			
City RICHLAND County Benton State WA ZIP 99354 Country (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] 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)	0	ff-Site Location Name:			PER	MA F	IX NC	ORTH	IWEST RICHLAN	ID INC	
City RICHLAND County Benton State VVA ZIP 99354 (Non-US) Is location under control of reporting facility or parent company? [] Yes [X] No [] 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)	Off-Site Address:				202	5 BAT	TELL	E BL	VD		
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)	City	RICHLAND	County	Benton	State	e WA	A Z	ZIP	99354		
(Enter range code** or estimate) (Enter code) Recycling/Energy Recovery (Enter code)		Is location under control	of reporting facilit	y or parent company?			[] Yes	[X] No		
1.3.9 1.0 1.M64											
	1	. 3.9		1.0							

6.2.10	2.10 Off-Site EPA Identification Number (RCRA ID No.)					UTD982598898					
0	ff-Site Location	Name:			ENERGY SOLUTIONS CLIVE FACILITY						
0	Off-Site Address:						STATE 8	30, EXIT 49,			
City	City GRANTSVILLE County			Tooele	State	UT	ZIP	84029	Country (Non-US)		
	Is location un	der control of re	eporting facility		[]Yes	[<mark>X</mark>] No					
	A. Total Transfer (pounds/year*)B. Basis of Estimate(Enter range code** or estimate)(Enter code)					C. Type of Waste Treatment/Disposal/ Recycling/Energy Recovery (Enter code)					
1	. 262.2			1 . O		1 . <mark>M6</mark>	5				
SECT	ION 7A. ONSITI	E WASTE TRE	ATMENT METH	HODS AND EFFICIENCY							
[] Not	Applicable (NA)	- Check here i	f no on-site wa	ste treatment is applied to any	waste s	tream o	containin	ng the toxic che	mical or chemical category.		
Wa	a. General aste Stream enter code)	b.		ent Method(s) Sequence character code(s)]	c. Waste Treatment Efficiency Estimate						
	7A. 1 a			7A.1b				7A	. 1 c		
	W	2 : H123 3	122			E	:3				
	7A. 2 a	2 a 7A. 2 b					7A. 2 c				
	S		2	2 : H101				E	6		

*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.

Page 6 of 6

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		TRI	Facility ID I	Number							
			45LSLMS	LOSAL							
	ART II. CHEMICAL - SPECIFIC INFORMATIOI (CONTINUED)		c Chemical	, Category, or Ge	neric	Name					
		Lea	d								
SECTI	ON 7B. ON-SITE ENERGY RECOVERY PROCESSES										
[<mark>X</mark>] N/	A - Check here if no on-site energy recovery is applied t	o any wast	е								
	containing the toxic chemical or chemical category.										
Energy	Recovery Methods [Enter 3-character code(s)]										
SECTI	ON 7C. ON-SITE RECYCLING PROCESSES										
	[X] NA - Check here if no on-site recycling is applied to any waste										
	containing the toxic chemical or chemical category.	10510									
Recycl	ing Methods [Enter 3-character code(s)]										
SECTI	ON 8. SOURCE REDUCTION AND WASTE MANAGEI	MENT									
			C	olumn A		olumn B	Colum	ın C	Column D		
			-	ior Year	Curre	ent Reporting Year	Followin		Second Following Year		
			(pou	inds/year*)		unds/year*)	(pounds	/year*)	(pounds/year*)		
	8.1 - 8.7 Production-Related Waste Managed		1			, , ,					
	Total on-site disposal to Class I		<u> </u>								
8.1a	Underground Injection Wells, RCRA		NA		NA		NA		NA		
	Subtitle C landfills, and other landfills										
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		6982.8		3267	. .6	5000		5000		
	Subtitle C landfills, and other landfills Total other off-site disposal or other						<u> </u>				
8.1d	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		
	Quantity treated on-site										
8.6			NA		NA		NA		NA		
8.7	Quantity treated off-site		NA		NA		NA		NA		
8.8	Non-production-related waste managed**		,		NA		,		,		
8.9	[] Production ratio or [X] Activity ratio (select one and o	enter value	to right)		0.90						
8.10	Did your facility engage in any newly implemented sou chemical during the reporting year? If so, complete the following section; if not, check NA.	rce reduction	on activities		NA [<mark>)</mark>	(]					
	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

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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.								
Торіс	Comment							
Non Covered NAICS	Error Reviewed / No 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

				A	ict.						
_				TRI Fa	acility ID Numb	per					
United	States Section 313 of t	FORM R he Emergency Plan	0	87544	SDLSL5283	5					
Prot	ection also known a	tight-to-know Act of s Title III of the Sup	erfund	Toxic	Toxic Chemical, Category, or Generic Name						
Ag	ency Amendments	and Reauthorization	on Act.	Lead							
	ection only applies if you a		Revision	(Enter u	p to two cod	e(s))	With	drawal (Ente	r up to two	code(s))	
	ndrawing a previously subr vise leave blank:	nitted form,		[]	[]	[][]					
Importa	ant: See Instructions to deter	mine when "Not Ap	plicable (NA	()" boxes	should be che	ecked.					
	Part I. FACILITY IDENTIFICATION INFORMATION										
SECTI	SECTION 1. REPORTING YEAR : <u>2022</u>										
SECTI	ON 2. TRADE SECRET INF	ORMATION									
2.1	Are you claiming the toxic chemical identified on page 2 trade secret? 2.1 [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3)										
2.2	2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1)										
SECTI	ON 3. CERTIFICATION (Imp	ortant: Read and sig	gn after com	npleting a	all form section	าร.)					
	y certify that I have reviewed te and that the amounts and										
Name	and official title of owner/ope	rator or senior man	agement off	ficial:	Signature:					Date Signed:	
Adrie	nne Nash General Engi	neer			Reference Copy: Copy of Record Resides in CDX 2023-06					2023-06-28	
SECTI	ON 4. FACILITY IDENTIFICA	ATION									
	Facility or Establishment Name U.S. DEPARTMENT OF LABORATORY	ENERGY, LOS A	ALAMOS N	IATION	AL.	TRI Facility ID Nun 87544SDLSL		;	BIA Code		
4.1	<u>Street</u> 3747 W JEMEZ RD					Facility or Establish address)	nment N	lailing Address (if different from	physical street	
	City/County/State/ZIP Code City/State/ZIP Code Country (Non-US) LOS ALAMOS / Los Alamos / NM / 87544 / / / /							<u>·US)</u>			
4.2	This report contains informa (<u>Important:</u> check a or b; ch		ble) a. [X] An E	intire facility	b. [] Part of a fa	cility	c. [<mark>X</mark>] A Fec	leral facility	d. [] GOCO	
4.3	4.3 Technical Contact name Karen Armijo Email Address KAREN.ARMIJO					E.GOV		one Number (inc 221-3664	lude area code	e and ext.)	
4.4 Public Contact name Toni Chiri Email Address Telepho						elephone Number (include area code and ext.) 05-667-6691					

Page 2 of 6

4.5	NAICS Code(s) (6 digits)	a. 928110 (Primary)	b.	с.	d.	e.	f.			
	4.6 Dun and Bradstreet Number(s) (9 digits)									
	b.									
SECTIO	SECTION 5. PARENT COMPANY INFORMATION									
1 51	5.1 Name of U.S. Parent Company (for TRI Reporting purposes) US DEPARTMENT OF ENERGY No U.S. Parent Company (for TRI Reporting purposes) []									
5.2	Parent Company's Dun & Bradstreet Number	NA [<mark>X</mark>]								

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Page 3 of 6

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		TRI Facility ID Number						
EPA FORM R		87544SDLSL52835						
PART II. CHEMICAL - SPECIFIC INF	ORMATION	Toxic Chemical, Category, or	Generic Name					
		Lead						
SECTION 1. TOXIC CHEMICAL IDENTITY (Im	portant: DO NOT c	complete this section if you are	reporting a mixture comp	onent in Section 2 below.)				
CAS Number (Important: Enter only one								
1.1 category.)								
7439921								
Toxic Chemical or Chemical Category Na	ame (Important: En	ter only one name exactly as it	appears on the Section 3	313 list.)				
1.2 Lead								
Generic Chemical Name (Important: Con	nplete only if Part I	. Section 2.1 is checked "Yes".	Generic Name must be s	structurally descriptive).				
1.3	,,	,		,, ,, ,, ,,				
SECTION 2. MIXTURE COMPONENT IDENTIT	· ·		. ,					
Generic Chemical Name Provided by Su	pplier (Important: N	Maximum of 70 characters, inclu	uding numbers, spaces, a	and punctuation.)				
NA NA								
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 th	ne toxic chemical:	3.3 Otherwise use	the toxic chemical:				
a. [X] Produce b. [] Import	<u> </u>							
If produce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [X] As a byproduct f. [] As an impurity	Sub-Uses c. [X] As d. [] Rep	a formulation componentSub-Uses:s:b. [] As a manufacturing aids an article componentSub-Uses:ackagingc. [X] Ancillary or other usean impuritySub-Uses: Z399						
SECTION 4. MAXIMUM AMOUNT OF THE TOX	I IC CHEMICAL ON	I-SITE AT ANY TIME DURING	I THE CALENDAR YEAR					
4.1 [05] (Enter two-digit code from instruct	tion package.)							
SECTION 5. QUANTITY OF THE TOXIC CHEM		EACH ENVIRONMENTAL MED	IUM ON-SITE					
		A. Total Release (pounds/year*) (Enter range code or estimate**)	B. Basis of Estimate (Enter code)	C. Percent from Stormwater				
5.1 Fugitive or non-point air emissions	NA []	2.4	С					
5.2 Stack or point air emissions	NA []	0.74	E1					
5.3 Discharges to receiving streams or water bodies (Enter one name per box)	NA []							
Stream or Water Body Name	Code nal)							
5.3.1 SANDIA TRIBUTARY TO RIO GRAN	DE	0.207	M2	0.00%				
5.3.2 MORTANDAD TRIBUTARY TO RIO GRANDE		0.042	M2	0.00%				
5.3.3 LOS ALAMOS TRIBUTARY TO RIO		0.055	M2	0.00%				

GRANDE				
		*For Dioxin and	d Dioxin-like Compo	ounds, report in grams/year
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Page 4 of 6

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				TRI Facility ID Number						
	EPA FORM RT II. CHEMICAL - SPECI			87544SDLSL52835						
FA	(CONTINUE		INFORMATION	Toxic Chemical, Category, or Generic Name						
				Lead						
SECTIC	SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM ON-SITE (Continued)									
		NA	A. Total Release (po	ounds/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	[<mark>X</mark>]								
5.5.1.A	RCRA subtitle C landfills	[<mark>X</mark>]								
5.5.1.B	Other landfills	[<mark>X</mark>]								
5.5.2	Land treatment/application farming	[<mark>X</mark>]								
5.5.3A	RCRA Subtitle C surface impoundments	[<mark>X</mark>]								
5.5.3B	Other surface impoundments	[<mark>X</mark>]								
5.5.4	Other disposal	[]	1226.4		С					
	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*)									
SECTIO	SECTION 6. TRANSFER(S) OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS									
6.1 DIS	CHARGES TO PUBLICLY OWN	IED T	REATMENT WORKS	(POTWs)	NA [X]					

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

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

Page 5 of 6

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				TRI Facility ID	Numbe	er				
	EPA FOR			87544SDLSL	52835					
P.	ART II. CHEMICAL - SPE (CONTIN		MATION	Toxic Chemica	I, Categ	gory, or	Generic	Name		
				Lead						
SECT	ION 6.2 TRANSFERS TO OTH	ER OFF-SITE I	OCATIONS		NA[]					
6.2.1	Off-Site EPA Identification Num	ber (RCRA ID N	lo.)		FLD98	307110	71			
0	ff-Site Location Name:				PERMA-FIX OF FLORIDA INC					
0	ff-Site Address:				1940	NW 671	TH PL			
City	GAINESVILLE	County	Alachua		State	FL	ZIP	326531649	Country (Non-US)	
	Is location under control of r	eporting facility	or parent comp	pany?			[]Yes	[<mark>X</mark>] No		
	A. Total Transfer (pounds/y (Enter range code** or esting	ear*) nate)		of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 154.6		1 . <mark>O</mark>			1. M7 3	3			
6.2.2	Off-Site EPA Identification Num	lo.)		AZ000	03373	60				
0	ff-Site Location Name:			VEOL	IA ES 1	FECHN	ICAL SOLUTIONS			
0	ff-Site Address:			5736 \	N JEFF	ERSO	N ST			
City	PHOENIX	Maricopa		State	AZ	ZIP	85043	Country (Non-US)		
	Is location under control of r	eporting facility	or parent comp	pany?	any? [] Yes [X] No					
	A. Total Transfer (pounds/y (Enter range code** or esting	ear*) nate)		of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 36.1		1 . <mark>O</mark>			1 . M6 4	4			Î
6.2.3	Off-Site EPA Identification Num	ber (RCRA ID N	lo.)		NMD986683563					
0	ff-Site Location Name:				WAST	E MAN	IAGEM	ENT OF NEW MEXI	CO	
0	ff-Site Address:				33RD	STREE		THERN BLVD		
City	RIO RANCHO	County	Sandoval		State	NM	ZIP	87124	Country (Non-US)	
	Is location under control of r	eporting facility	or parent comp	pany?			[]Yes	[🗙] No		
	A. Total Transfer (pounds/y (Enter range code** or estin			of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 0.1		1 . <mark>O</mark>			1 . M6 4	4			
6.2.4	Off-Site EPA Identification Num	ber (RCRA ID N	lo.)		TXD98	880884	64			
0	ff-Site Location Name:							SPECIALISTS		
0	ff-Site Address:				9998 \		re higi	HWAY 176		
City	ANDREWS	County	Andrews		State	тх	ZIP	79714	Country (Non-US)	
	Is location under control of r	or parent comp	pany?			[]Yes	[X] No			
	A. Total Transfer (pounds/y (Enter range code** or estin		of Estimate er code)				e of Waste Treatment/ ng/Energy Recovery (E			
1	. 860		1 . <mark>O</mark>			1 . <mark>M6</mark> 4	4			

6.2.5 Off-Site EPA Identification Numb	er (RCRA ID I	No.)	СО	D98	305911	84			
Off-Site Location Name:			VE	OLI	A ES T	ECHN	ICAL SOLUTIONS L	LC	
Off-Site Address:			913	31 E	96TH	AVE			
City HENDERSON	County	Adams	Sta	ite	со	ZIP	80640	Country (Non-US)	
Is location under control of re	porting facility	or parent company?			,	[]Yes	[X] No		,
A. Total Transfer (pounds/ye (Enter range code** or estim		B. Basis of Estimate (Enter code)					e of Waste Treatment/ ng/Energy Recovery (E		
1 . 1596.9		1. 0			1 . M64	•			
6.2.6 Off-Site EPA Identification Numb	er (RCRA ID I	No.)	NV.	Т33	00100	00			
Off-Site Location Name:			US	EC	OLOG	Y NEV	ADA, INC		
Off-Site Address:			HW	IY 9	5 11 M	I S OF	BEATTY		
City BEATTY	County	Nye	Sta	ite	NV	ZIP	89003	Country (Non-US)	
Is location under control of re	porting facility	or parent company?				[]Yes	[🗙] No		
A. Total Transfer (pounds/ye (Enter range code** or estim		B. Basis of Estimate (Enter code)					e of Waste Treatment/ ng/Energy Recovery (E		
1 . 508.4		1. O			1 . <mark>M64</mark>				
6.2.7 Off-Site EPA Identification Numb	er (RCRA ID I	No.)	NM	489	01390	88			
Off-Site Location Name:			U.S	5. D	OE WA	STE IS	SOLATION PILOT PI	ANT	
Off-Site Address:			402	21 N	IATION	IAL PA	RKS HIGHWAY		
City CARLSBAD	County	Eddy	Sta	ite	NM	ZIP	88220	Country (Non-US)	
Is location under control of re	porting facility	or parent company?				[]Yes	[🗙] No		
A. Total Transfer (pounds/ye (Enter range code** or estim		B. Basis of Estimate (Enter code)					e of Waste Treatment/ ng/Energy Recovery (E		
1 . 14318.4		1. 0			1 . M41				
6.2.8 Off-Site EPA Identification Numb	er (RCRA ID I	No.)	NV:	389	00900)1			
Off-Site Location Name:					OE, N				
Off-Site Address:			NE	VAC		ΓΙΟΝΑΙ	L SECURITY SITE		
City MERCURY	County	Nye	Sta	ite	NV	ZIP	89023	Country (Non-US)	
Is location under control of re	porting facility	or parent company?				[]Yes	[🗙] No		
A. Total Transfer (pounds/ye (Enter range code** or estim		B. Basis of Estimate (Enter code)					e of Waste Treatment/ ng/Energy Recovery (E		
1 . 180.6		1. 0			1 . M94	L .			
6.2.9 Off-Site EPA Identification Numb	er (RCRA ID I	No.)	WA	R0	000103	55			
Off-Site Location Name:			PEI	RM/	A FIX N	IORTH	WEST RICHLAND I	NC	
Off-Site Address:			202	25 B	BATTEL	LE BL	VD		
City RICHLAND	County	Benton	Sta	ite	WA	ZIP	99354	Country (Non-US)	
Is location under control of re	porting facility	or parent company?				[]Yes	[<mark>X</mark>] No		
A. Total Transfer (pounds/ye (Enter range code** or estim		B. Basis of Estimate (Enter code)					e of Waste Treatment/ ng/Energy Recovery (E		
1 . 3.9		1. 0			1 . <mark>M64</mark>				

6.2.10	Off-Site EPA Id	entification Nun	nber (RCRA ID	No.)	UTD9	82598	398		
0	ff-Site Location	Name:			ENER	GY SC	DLUTIO	NS CLIVE FA	CILITY
0	ff-Site Address:				U.S. I	NTERS	STATE 8	30, EXIT 49	
City	GRANTSVIL	LE	County	Tooele	State	UT	ZIP	84029	Country (Non-US)
	Is location un	der control of re	eporting facility	or parent company?			[]Yes	[<mark>X</mark>] No	
		sfer (pounds/ye code** or estin	,	B. Basis of Estimate (Enter code)					eatment/Disposal/ covery (Enter code)
1	. 262.2			1 . O		1 . <mark>M6</mark>	5		
SECT	ION 7A. ONSITI	E WASTE TRE	ATMENT METH	HODS AND EFFICIENCY					
[] Not	Applicable (NA)	- Check here it	f no on-site wa	ste treatment is applied to any	waste s	tream o	containir	ng the toxic che	mical or chemical category.
Wa	a. General aste Stream enter code)	b.		ent Method(s) Sequence character code(s)]				Effic	Treatment iency imate
	7A. 1 a			7A.1b				7A	.1c
	W	2 : H123 3	: H077 4 : H 0	82 5:H124 6:H129 7:H	122			E	3
	7A. 2 a			7A. 2 b				7A	. 2 c
	S		2	2 : H101				E	6

*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.

Page 6 of 6

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		TRI I	Facility ID I	Number					
	EPA FORM R ART II. CHEMICAL - SPECIFIC INFORMATIO	8754	44SDLSL	52835					
	(CONTINUED)		c Chemical	, Category, or Ge	neric	Name			
		Lea	d						
SECTI	ON 7B. ON-SITE ENERGY RECOVERY PROCESSES								
	A - Check here if no on-site energy recovery is applied t	o any waste	е						
	containing the toxic chemical or chemical category. Recovery Methods [Enter 3-character code(s)]								
SECTI	ON 7C. ON-SITE RECYCLING PROCESSES								
	A - Check here if no on-site recycling is applied to any w	vaste							
	containing the toxic chemical or chemical category. ing Methods [Enter 3-character code(s)]								
SECTI	ON 8. SOURCE REDUCTION AND WASTE MANAGE	MENT							
			C	olumn A		olumn B	Colum		Column D
				ior Year	Curre	ent Reporting Year	FOIIOWIII		Second Following Year
			(pou	inds/year*)	(po	unds/year*)	(pounds	/year*)	(pounds/year*)
	8.1 - 8.7 Production-Related Waste Managed								
8.1a	Total on-site disposal to Class I Underground Injection Wells, RCRA		NA		NA		NA		NA
0.14	Subtitle C landfills, and other landfills								
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		6982.8		3267	'.6	5000		5000
	Subtitle C landfills, and other landfills								
8.1d	Total other off-site disposal or other releases		5315.9		1465	3.6	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		1		
8.9	[] Production ratio or [X] Activity ratio (select one and ϵ	enter value	to right)		0.90				
8.10	Did your facility engage in any newly implemented sou chemical during the reporting year? If so, complete the following section; if not, check NA.	rce reductio	on activities		NA [<mark>)</mark>	(]			
	Source Reduction Activities (Enter code(s))		Methods t	o Identify Activity	(Ente	r code(s))		red	mated annual uction (Enter e(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

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TRI Facility	ID Number
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87544SDLSL52835

Toxic Chemical, Category, or Generic Name

Lead

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

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

 Topic
 Comment

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

Topic	Comment

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Form Approved OMB Number: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

-					00					
				TRI Fa	cility ID Numb	ber				
United	States Section 313 of t	he Emergency Planr		87544	SDLSL5283	5				
				Toxic C	Chemical, Cat	egory, or Generi	c Nam	e		
Age	Invironmental Community Right-to-know Act of 1986, also known as Title III of the Superfund Agency Agency Amendments and Reauthorization Act. It is section only applies if you are revising withdrawing a previously submitted form, nerwise leave blank: Revision portant: See Instructions to determine when "Not Applicable (Impart I. FACILI Part I. FACILI CTION 1. REPORTING YEAR : 2022 CTION 2. TRADE SECRET INFORMATION Are you claiming the toxic chemical identified on page 2 [] Yes (Answer question 2.2; attach substantiation [X]) NO (Do not answer 2.2; go to Section 3) .2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1) CTION 3. CERTIFICATION (Important: Read and sign after complete and that the amounts and values in this report are account. Imme and official title of owner/operator or senior management drienne Nash General Engineer CTION 4. FACILITY IDENTIFICATION Facility or Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMOS LABORATORY				ıry					
United States Protection Agency Section 313 of the Emergency Planning and Community Right-to-know Act of 1986, also known as Title III of the Superfund Agency 87544SDLSL52835 This section only applies if you are revising or withdrawing a previously submitted form, otherwise leave blank: Revision (Enter up to two code(s)) Imercury Important: See Instructions to determine when "Not Applicable (NA)" boxes should be checked. Part I. FACILITY IDENTIFICATION INFORMATION SECTION 1. REPORTING YEAR : 2022 SECTION 2. TRADE SECRET INFORMATION Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3) [X] NO (Do not answer 2.2; go to Section 3) 2.2 Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1) SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) I hereby certify that I have reviewed the attached documents and that, to the best of my knowledge and be complete and that the amounts and values in this report are accurate based on reasonable estimates using report. Name and official title of owner/operator or senior management official: Signature: Signature: Adrienne Nash General Engineer Reference Copy: Copy of SECTION 4. FACILITY IDENTIFICATION Facility OF ENERGY, LOS ALAMOS NATIONAL TRI Facility ID Nult					With	drawal (Ente	r up to two	code(s))		
EPA FORM R Section 313 of the Emergency Planning and also known as Titel II of the Superfund Agency ITRI Facility ID Number This section only applies if you are revising or withdrawing a previously submitted form, of therwise leave blank: Revision (Enter up to two code(s)) Withdrawal (Enter up to two code(s)) This section only applies if you are revising or withdrawing a previously submitted form, of therwise leave blank: Revision (Enter up to two code(s)) Withdrawal (Enter up to two code(s)) Important: See Instructions to determine when "Not Applicable (NAI" boxes should be checked. Part I. FACILITY IDENTIFICATION INFORMATION SECTION 1. REPORTING YEAR : 2022 SECTION 2. TRADE SECRET INFORMATION Part I. FACILITY IDENTIFICATION INFORMATION 2.1 Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3) 2.2 Is this copy [] Sanitzed [] Unsanitzed (Answer only if "Yes" in 2.1) Section 3. SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) Date Signed: Reference Copy: Copy of Record Resides in CDX 2023.06:28 SECTION 4. FACILITY IDENTIFICATION TRI Facility ID Number BA Code LAROPACTORY Early or Establishment Mailing Address (if different from physical street address) Early or Establishment Mailing Address (if diffe										
Importa	int: See Instructions to deter	mine when "Not App	licable (NA))" boxes	should be che	ecked.				
		Part I	I. FACILITY	IDENTIF	FICATION INF	ORMATION				
SECTIO	ON 1. REPORTING YEAR :	<u>2022</u>								
SECTIO	ON 2. TRADE SECRET INFO	ORMATION								
	[] Yes (Answer que	stion 2.2; attach sub	stantiation f		t?					
2.2	2.2 [] Sanitized [] Unsanitized									
SECTIO	ON 3. CERTIFICATION (Imp	ortant: Read and sig	n after com	pleting a	II form section	ns.)				
comple										
	and official title of owner/ope	rator or senior mana	agement offi	icial:	Signature:					Date Signed:
Adrie	nne Nash General Engi	neer			Reference	Copy: Copy of	f Reco	ord Resides	in CDX	2023-06-28
SECTIO	ON 4. FACILITY IDENTIFICA	TION								<u></u>
	U.S. DEPARTMENT OF	ENERGY, LOS A	LAMOS N/	ATIONA	۱L			5	<u>BIA Code</u>	
4.1							hment N	<i>l</i> ailing Address (i	if different from	physical street
		lamos / NM / 87	′544				le		Country (Non-	<u>US)</u>
4.2	[] Yes (Ånswer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3) Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1) ION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) by certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and ete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: and official title of owner/operator or senior management official: Signature: Date Signed: send official title of owner/operator or senior management official: Signature: Date Signed: <tr< td=""></tr<>									
4.3	Are you claiming the toxic chemical identified on page 2 trade secret? [] Yes (Answer question 2.2; attach substantiation forms) [X] NO (Do not answer 2.2; go to Section 3) Is this copy [] Sanitized [] Unsanitized (Answer only if "Yes" in 2.1) TION 3. CERTIFICATION (Important: Read and sign after completing all form sections.) by certify that I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and lete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this t. e and official title of owner/operator or senior management official: Signature: Date Signed: enne Nash General Engineer Reference Copy: Copy of Record Resides in CDX 2023-06-28 TION 4. FACILITY IDENTIFICATION This Facility of Establishment Name U.S. DEPARTMENT OF ENERGY, LOS ALAMOS NATIONAL LABORATORY TRI Facility ID Number 87544SDLSL52835 BIA Code 1 Street 3747 W JEMEZ RD Facility or Establishment Mailing Address (if different from physical street address) Country (Non-US) 1 Dis report contains information for: (Important: check a or b; check c or d if applicable) a. [X] An Entire facility b. [] Part of a facility c. [X] A Federal facility d. [] GOCO									
4.4	Public Contact name	Toni Chiri	Email Addres		ISA.DOE.GO	v		one Number (inc 667-6691	lude area code	and ext.)

Page 2 of 6

4.5	NAICS Code(s) (6 digits)	a. 928110 (Primary)	b.	с.	d.	e.	f.		
	Dun and Bradstreet Number(s) (9 digits)								
	a. <mark>NA</mark> b.								
SECTIO	ON 5. PARENT COMPANY INFORMATION								
1 51	5.1 Name of U.S. Parent Company (for TRI Reporting purposes) US DEPARTMENT OF ENERGY No U.S. Parent Company (for TRI Reporting purposes) []								
5.2	Parent Company's Dun & Bradstreet Number	NA [<mark>X</mark>]							

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Page 3 of 6

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			TRI Fa	cility ID Number					
	EPA FORM R		87544	SDLSL52835					
Р/	ART II. CHEMICAL - SPECIFIC INFO	RMATION	Toxic C	hemical, Category, or G	Generic N	Vame			
			Mercu	rv					
SECTI	ON 1. TOXIC CHEMICAL IDENTITY (Impor	tant: DO NOT c		-	nortina	a mixture compon	ent in Section 2 below)		
ISEC II	CAS Number (Important: Enter only one nu			•			· · ·		
1.1	category.)		it appear	s on the Section 313 is					
	7439976								
1.2	Toxic Chemical or Chemical Category Name	e (Important: Ent	ter only c	one name exactly as it a	appears of	on the Section 313	3 list.)		
1.2	Mercury								
	Generic Chemical Name (Important: Compl	ete only if Part I,	Section	2.1 is checked "Yes". G	Generic N	lame must be stru	cturally descriptive).		
1.3	NA								
SECTI	ON 2. MIXTURE COMPONENT IDENTITY (Important: DO N	OT com	plete this section if you	complete	ed Section 1.)			
0.4	Generic Chemical Name Provided by Suppl	ier (Important: N	laximum	of 70 characters, includ	ding num	bers, spaces, and	punctuation.)		
2.1	NA								
	ON 3. ACTIVITIES AND USES OF THE TO	(IC CHEMICAL)	AT THE I	FACILITY					
3.1	Manufacture the toxic chemical:	3.2 Process th	ie toxic c	hemical:	3.3	Otherwise use the	toxic chemical:		
	a. [X] Produce b. [] Import								
lf prod	uce or import: c. [] For on-site use/processing d. [] For sale/distribution e. [X] As a byproduct f. [] As an impurity	Sub-Uses	s: formulat s: n article o ackaging n impurit	ion component component		 a. [] As a chemical processing aid Sub-Uses: b. [] As a manufacturing aid Sub-Uses: c. [X] Ancillary or other use Sub-Uses: Z399 			
SECTI	ON 4. MAXIMUM AMOUNT OF THE TOXIC	CHEMICAL ON	-SITE AT	ANY TIME DURING T	HE CAL	ENDAR YEAR			
4.1	[04] (Enter two-digit code from instruction	n package.)							
SECTI	ON 5. QUANTITY OF THE TOXIC CHEMICA	AL ENTERING E	ACH EN	IVIRONMENTAL MEDIU	UM ON-S	SITE			
				A. Total Release (pounds/year*) (Enter range code or estimate**)	E	3. Basis of Estimate Enter code)	C. Percent from Stormwater		
5.1	Fugitive or non-point air emissions	NA [X]							
5.2	Stack or point air emissions	NA []		4.79	E	E1			
5.3	Discharges to receiving streams or water bodies (Enter one name per box)	NA []							
	Stream or Water Body Name	Reach ((option							
5.3.1	SANDIA TRIBUTARY TO RIO GRANDE			0.027	I	V12	0.00%		
5.3.2	MORTANDAD TRIBUTARY TO RIO GRANDE			0.0012		W2	0.00%		
5.3.3	LOS ALAMOS TRIBUTARY TO RIO GRANDE			0.0073	Γ	VI2	0.00%		

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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.

Page 4 of 6

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				TRI Facility ID Number	
	EPA FORM RT II. CHEMICAL - SPECI			87544SDLSL52835	
	(CONTINUE			Toxic Chemical, Category, or Generic Name	
				Mercury	
SECTIC	ON 5. QUANTITY OF THE TOXI	C CHE	EMICAL ENTERING E	ACH ENVIRONMENTAL MEDIUM ON-SITE (Co	ontinued)
		NA	A. Total Release (po	ounds/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	TION 5. QUANTITY OF THE TOXIC CHEMICAL ENT NA A. Total Res 5.5 Disposal to land on-site				
		5.5 qu	antities include "waste	e rock piles." [] Enter quantity of "waste rock pile	es" (pounds/year*)
	()				
6.1 DIS	CHARGES TO PUBLICLY OWN	IED TI	REATMENT 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.

Page 5 of 6

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				TRI Facility ID	Numbe	r				
	EPA FC			87544SDLSL	52835					
P	ART II. CHEMICAL - SI (CONT		RMATION	Toxic Chemica	I, Categ	jory, or	Generic	Name		
				Mercury						
SECT	ION 6.2 TRANSFERS TO O	THER OFF-SITE	LOCATIONS		NA[]					
6.2.1	Off-Site EPA Identification N	umber (RCRA ID I	No.)		TXD98	380884	64			
C	ff-Site Location Name:				WAST	E CON	TROL	SPECIALISTS		
C	ff-Site Address:				9998 V		E HIG	HWAY 176		
City	ANDREWS	County	Andrews		State	тх	ZIP	79714	Country (Non-US)	
	Is location under control	of reporting facility	or parent com	pany?			[]Yes	[X] No		
	A. Total Transfer (pound (Enter range code** or e			s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 1.5		1. <mark>0</mark>			1 . M6 4	1			
6.2.2	Off-Site EPA Identification N	umber (RCRA ID	No.)		UTD98	325988	98			
C	ff-Site Location Name:				ENER	GY SO	LUTIO	NS CLIVE FACILITY		
C	ff-Site Address:				U.S. IN	ITERS	TATE 8	0, EXIT 49		
City	GRANTSVILLE	County	Tooele		State	UT	ZIP	84029	Country (Non-US)	
	Is location under control	of reporting facility	or parent com	pany?	*	1	[]Yes	[X] No	*	7
	A. Total Transfer (pound (Enter range code** or e	s/year*) stimate)		s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 84.1		1. 0			1 . M6	5			
6.2.3	Off-Site EPA Identification N	umber (RCRA ID	No.)		FLD98	807110	71			
C	ff-Site Location Name:				PERM	A-FIX	OF FLC	ORIDA INC		
С	ff-Site Address:				1940 N	W 671	'H PL			
City	GAINESVILLE	County	Alachua		State	FL	ZIP	326531649	Country (Non-US)	
	Is location under control	of reporting facility	or parent com	pany?			[]Yes	[X] No		
	A. Total Transfer (pound (Enter range code** or e			s of Estimate ter code)				e of Waste Treatment/ ng/Energy Recovery (E		
1	. 1.3		1. 0			1 . M7 3	3			
6.2.4	Off-Site EPA Identification N	umber (RCRA ID	No.)		WAR0	000103	355			
C	ff-Site Location Name:							IWEST RICHLAND I	NC	
C	ff-Site Address:				2025 E	BATTE	LLE BL	VD		
City	RICHLAND	County	Benton		State	WA	ZIP	99354	Country (Non-US)	
	Is location under control	of reporting facility	or parent com	pany?			[] Yes	[X] No		
	A. Total Transfer (pound (Enter range code** or e			s of Estimate ter code)			C. Typ Recycli	e of Waste Treatment/ ng/Energy Recovery (E	Disposal/ Enter code)	
1	. 0.3		1 . <mark>O</mark>			1 . M6 4				

6.2.5 0	Off-Site EPA Ider	ntification Numb	er (RCRA ID I	No.)	COD	980591 [,]	184				
0	f-Site Location N	Name:			VEOI		TECHN	ICAL SOLUT	IONS LLC		
Ot	f-Site Address:			9131	E 96TH						
City	HENDERSON	N	County	Adams	State CO ZIP 80640 Country (Non-US)						
	Is location une	der control of re	porting facility	or parent company?			[]Yes	[<mark>X</mark>] No			
		sfer (pounds/ye code** or estim		B. Basis of Estimate (Enter code)					eatment/Disposal/ covery (Enter code)		
1	33.6			1 . O		1 . <mark>M6</mark>	4				
6.2.6 0	Off-Site EPA Ider	ntification Numb	er (RCRA ID I	No.)	NM48	3901390	88				
Ot	f-Site Location N	Name:			U.S.	U.S. DOE WASTE ISOLATION PILOT PLANT					
Ot	f-Site Address:				4021	NATIO	NAL PA	RKS HIGHW	AY		
City	CARLSBAD		County	Eddy	NM	ZIP	88220	Country (Non-US)			
	Is location une	der control of re	porting facility	or parent company?			[] Yes	[🗙] No			
		sfer (pounds/ye code** or estim		B. Basis of Estimate (Enter code)					eatment/Disposal/ covery (Enter code)		
1	48.9			1 . O		1 . M4	1				
SECT	ON 7A. ONSITE	WASTE TREA	TMENT MET	HODS AND EFFICIENCY							
[] Not	Applicable (NA)	- Check here if	no on-site wa	ste treatment is applied to any	waste	stream c	ontainin	g the toxic che	mical or chemical cate	gory.	
Wa	. General iste Stream enter code)	ent Method(s) Sequence character code(s)]				Effic	Treatment ciency imate				
	7A.1a			7A.1b				7A	. 1 c		
	S		2	2 : H101				E	6		
	7A. 2 a			7A. 2 b				7A	. 2 c		
	W	2 : H123 3	H077 4 : H0	082 5:H124 6:H129 7:H	122			E	1		

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Page 6 of 6

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EPA FORM R PART II. CHEMICAL - SPECIFIC INFORMATION			TRI Facility ID Number							
			37544SDLSL52835							
			Toxic Chemical, Category, or Generic Name							
Mer				lercury						
SECTION	SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES									
[X] 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										
[X] 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		Column B		Column C		Column D Second	
			Prior Year		Current Reporting Year		Following real		Following Year	
			(pot	inds/year*)	(pounds/year*)		(pounds/year*)		(pounds/year*)	
8.1 - 8.7 Production-Related Waste Managed										
	Total on-site disposal to Class I Underground Injection Wells, RCRA Subtitle C landfills, and other landfills		NA		NA		NA			
8.1a									NA	
	Total other on site diaponal or other									
8.1b	releases		NA		4.8255		NA		NA	
	Total off-site disposal to Class I C Underground Injection Wells, RCRA Subtitle C landfills, and other landfills		NA				NA			
8.1c									NA	
	Total other off site dispesal or other									
8.1d	releases		NA		50.2		NA		NA	
	2 Quantity used for energy recovery		NA		NA		NA		NA	
<u> </u>	on-site									
8.3	Quantity used for energy recovery off-site		NA		NA		NA		NA	
	Quantity recycled on-cite									
8.4			NA		NA		NA		NA	
8.5	Quantity recycled off-site		NA		NA		NA		NA	
			1		<u></u>					
8.6	8.6 Quantity treated on-site		NA		NA		NA		NA	
	Quantity treated off-site									
8.7			NA		NA		NA		NA	
8.8	Non-production-related waste managed**			NA						
8.9	[] Production ratio or [X] Activity ratio (select one and enter value to right)			0.30						
8.10					NA [X]					
<u> </u>	If so, complete the following section; if not, check NA.	mplete the following section; if not, check NA.								
	Source Reduction Activities		Methods to Identify Activity (Enter code					mated annual		
	(Enter code(s))								reduction (Enter code(s)) (optional)	
0 10 4	NA									
8.10.1										

*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

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TRI Facility ID Number

87544SDLSL52835

Toxic Chemical, Category, or Generic Name

Mercury

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