



United States Environmental Protection Agency

TOXIC CHEMICAL RELEASE INVENTORY FORM A

WHERE TO SEND THIS STATEMENT:

1. EPCRA Reporting Center
P.O. Box 3348
Merrifield, VA 22116-3348
ATTN: TOXIC CHEMICAL RELEASE INVENTORY

2. APPROPRIATE STATE OFFICE
(See instructions in Appendix F)

Enter "X" here if this is a revision

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1.

REPORTING YEAR

19 ____

SECTION 2. TRADE SECRET INFORMATION

2.1

Are you claiming the toxic chemical identified on page 2 trade secret?

Yes: Answer question 2.2 and attach substantiation forms.

No: Do not answer 2.2; continue with Section 3.

2.2

If you answered yes in 2.1, is this copy:

Sanitized

Unsanitized

SECTION 3. CERTIFICATION (Important: Please read and sign after completing the statement.)

I hereby certify that to the best of my knowledge and belief, for the toxic chemical listed in this statement, the annual reportable amount, as defined in 40 CFR 372.27(a), did not exceed 500 pounds for this reporting year and that the chemical was manufactured, processed, or otherwise used in an amount not exceeding 1 million pounds during this reporting year.

Name and official title of owner/operator or senior management official

Signature

Date Signed

SECTION 4. FACILITY IDENTIFICATION

Facility or Establishment Name

TRI Facility ID Number

Mailing Address (if different from street address)

City

State

Zip Code

4.1

Street Address

City

County

State

Zip Code

4.2

This report contains information for:

(Important: check c if applicable; a and b have been intentionally left blank)

c.

A Federal facility

4.3

Technical Contact

Name

Telephone Number (include area code)



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SECTION 4. FACILITY IDENTIFICATION (Continued)

4.4	Intentionally left blank						
4.5	SIC Code (4-digit)	a.	b.	c.	d.	e.	f.
4.6	Latitude and Longitude	Latitude			Longitude		
		Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
4.7	Dun & Bradstreet Number(s) (9 digits)	a.					
		b.					
4.8	EPA Identification Number(s) (RCRA I.D. No.) (12 characters)	a.					
		b.					
4.9	Facility NPDES Permit Number(s) (9 characters)	a.					
		b.					
4.10	Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)	a.					
		b.					

SECTION 5. PARENT COMPANY INFORMATION

5.1	Name of Parent Company	
	<input type="checkbox"/> NA	
5.2	Parent Company's Dun & Bradstreet Number	
	<input type="checkbox"/> NA (9 digits)	

PART II. CHEMICAL IDENTIFICATION

SECTION 1. TOXIC CHEMICAL IDENTITY

1.1	CAS Number (Important: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)	
1.2	Toxic Chemical or Chemical Category Name (Important: Enter only one name exactly as it appears on the Section 313 list.)	
1.3	Generic Chemical Name (Important: Complete only if Part I, Section 2.1 is checked "yes." Generic Name must be structurally descriptive.)	

SECTION 2. MIXTURE COMPONENT IDENTITY (Important: DO NOT complete this section if you complete Section 1 above.)

2.1	Generic Chemical Name Provided by Supplier (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)	