



TOXIC CHEMICAL RELEASE INVENTORY FORM A

WHERE TO SEND COMPLETED FORMS: 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 For EPA use only

Important: See instructions to determine when "Not Applicable (NA)" boxes should be checked.

PART I. FACILITY IDENTIFICATION INFORMATION

SECTION 1. REPORTING YEAR

SECTION 2. TRADE SECRET INFORMATION

2.1 Are you claiming the toxic chemical identified on page 2 trade secret? 2.2 Is this copy Sanitized Unsanitized

SECTION 3. CERTIFICATION (Important: Read and sign after completing all form sections.)

I hereby certify that to the best of my knowledge and belief, for each toxic chemical listed in the 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

4.1 TRI Facility ID Number Facility or Establishment Name Facility or Establishment Name or Mailing Address Mailing Address City/County/State/Zip Code

4.2 This report contains information for: (Important : check c if applicable) c. A Federal facility

4.3 Technical Contact Name Telephone Number (include area code)

4.4 Intentionally left blank

4.5 SIC Code (s) (4 digits) a. b. c. d. e. f.

4.6 Latitude Longitude Degrees Minutes Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) 4.8 EPA Identification Number (RCRA I.D. No.) (12 characters) 4.9 Facility NPDES Permit Number(s) (9 characters) 4.10 Underground Injection Well Code (UIC) I.D. Number(s) (12 digits)

SECTION 5. PARENT COMPANY INFORMATION

5.1 Name of Parent Company NA

5.2 Parent Company's Dun & Bradstreet Number NA

EPA FORM A
PART II. CHEMICAL IDENTIFICATION

TRIFID: _____

SECTION 1. TOXIC CHEMICAL IDENTITY

Report ___ of ___

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 completed Section 1 above.)

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

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