

(IMPORTANT: Type or print; read instructions before completing form)



United States
Environmental Protection Agency

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?
 Yes (Answer question 2.2; Attach substantiation forms) 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 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 (if different from street address) _____

Street _____
Mailing Address _____

City/County/State/Zip Code _____
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) _____
Primary
a. _____ b. _____ c. _____ d. _____ e. _____ f. _____

4.6 Latitude _____ Longitude _____
Degrees Minutes Seconds Degrees Minutes Seconds

4.7 Dun & Bradstreet Number(s) (9 digits) _____
a. _____ b. _____

4.8 EPA Identification Number (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 _____ 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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