



United States Environmental Protection Agency

# FORM R

Section 313 of the Emergency Planning and Community Right-to-Know Act of 1986, also known as Title III of the Superfund Amendments and Reauthorization Act

TOXIC CHEMICAL RELEASE INVENTORY REPORTING FORM

<b>WHERE TO SEND COMPLETED FORMS:</b> 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 1. FACILITY IDENTIFICATION INFORMATION**

**SECTION 1. REPORTING YEAR** 19     

**SECTION 2. TRADE SECRET INFORMATION**

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

2.1  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 I have reviewed the attached documents and that, to the best of my knowledge and belief, the submitted information is true and complete and that the amounts and values in this report are accurate based on reasonable estimates using data available to the preparers of this report.

Name and official title of owner/operator or senior management official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

**SECTION 4. FACILITY IDENTIFICATION**

4.1 Facility or Establishment Name \_\_\_\_\_ TRI Facility ID Number \_\_\_\_\_  
 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 a or b, check c if applicable)  a. An entire facility  b. Part of a facility  c. A Federal facility

4.3 Technical Contact Name \_\_\_\_\_ Telephone Number (include area code) \_\_\_\_\_  
 Public Contact Name \_\_\_\_\_ Telephone Number (include area code) \_\_\_\_\_

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(s) (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)

a. \_\_\_\_\_ a. \_\_\_\_\_  
 b. \_\_\_\_\_ b. \_\_\_\_\_

**SECTION 5. PARENT COMPANY INFORMATION**

5.1 Name of Parent Company  NA

5.2 Parent Company's Dun & Bradstreet Number  NA (9 digits)

EPA Form 9350-1 (Rev. 04/97) - Previous editions are obsolete.

<b>EPA FORM R</b>		TRI FACILITY ID NUMBER
<b>PART II. CHEMICAL - SPECIFIC INFORMATION</b>		Toxic Chemical, Category, or Generic Name

**SECTION 1. TOXIC CHEMICAL IDENTITY**

(Important: DO NOT complete this section if you completed Section 2 below.)

<b>1.1</b>	<b>CAS NUMBER</b> (IMPORTANT: Enter only one number exactly as it appears on the Section 313 list. Enter category code if reporting a chemical category.)
<b>1.2</b>	<b>Toxic Chemical or Chemical Category Name</b> (Important: Enter only one name exactly as it appears on the Section 313 list.)
<b>1.3</b>	<b>Generic Chemical Name</b> (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.)

<b>2.1</b>	<b>Generic Chemical Name Provided by Supplier</b> (Important: Maximum of 70 characters, including numbers, letters, spaces, and punctuation.)
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**SECTION 3. ACTIVITIES AND USES OF THE TOXIC CHEMICAL AT THE FACILITY** (Important: Check all that apply.)

<b>3.1</b>	<b>Manufacture the toxic chemical:</b>	<b>3.2</b>	<b>Process the toxic chemical:</b>	<b>3.3</b>	<b>Otherwise use the toxic chemical:</b>
<b>a.</b>	<input type="checkbox"/> Produce <input type="checkbox"/> Import				
<b>c.</b>	<input type="checkbox"/> If produce or import: For on-site use/processing				<b>a.</b> <input type="checkbox"/> As a chemical processing aid
<b>d.</b>	<input type="checkbox"/> For sale/distribution				<b>b.</b> <input type="checkbox"/> As a manufacturing aid
<b>e.</b>	<input type="checkbox"/> As a byproduct				<b>c.</b> <input type="checkbox"/> Ancillary or other use
<b>f.</b>	<input type="checkbox"/> As an impurity				<input type="checkbox"/> Repackaging

**SECTION 4. MAXIMUM AMOUNT OF THE TOXIC CHEMICAL ON-SITE AT ANY TIME DURING THE CALENDAR YEAR**

<b>4.1</b>	<input type="text"/> (Enter two-digit code from instruction package.)
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**SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM**

	<b>A. Total Release</b> (pounds/year)(enter range from instructions or estimate)	<b>B. Basis of estimate</b> (enter code)	<b>C. % From Stormwater</b>
<b>5.1</b>	Fugitive or non-point air emissions NA <input type="checkbox"/>		
<b>5.2</b>	Stack or point air emissions NA <input type="checkbox"/>		
<b>5.3</b>	Discharges to receiving streams or water bodies (enter one name per box)		
	Stream or Water Body Name		
<b>5.3.1</b>			
<b>5.3.2</b>			
<b>5.3.3</b>			
<b>5.4.1</b>	Underground Injection on-site to Class I Wells NA <input type="checkbox"/>		
<b>5.4.2</b>	Underground Injection on-site to Class II-V Wells NA <input type="checkbox"/>		

If additional pages of Part II, Section 5.3 are attached, indicate the total number of pages in this box  and indicate which Part II, Section 5.3 page this is, here  (example: 1,2,3, etc.)

EPA Form 9350-1 (Rev. 04/97) - Previous editions are obsolete.

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

<b>EPA FORM R</b>		TRI FACILITY ID NUMBER
<b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>		Toxic Chemical, Category, or Generic Name
<b>SECTION 5. QUANTITY OF THE TOXIC CHEMICAL ENTERING EACH ENVIRONMENTAL MEDIUM</b>		
	NA	A. Total Release (pounds/year) (enter range code from instructions or estimate)
		B. Basis of Estimate (enter code)
5.5	Disposal to land on-site	
5.5.1A	RCRA Subtitle C landfills <input type="checkbox"/>	
5.5.1B	Other landfills <input type="checkbox"/>	
5.5.2	Land treatment/application farming <input type="checkbox"/>	
5.5.3	Surface impoundment <input type="checkbox"/>	
5.5.4	Other disposal <input type="checkbox"/>	
<b>SECTION 6. TRANSFERS OF THE TOXIC CHEMICAL IN WASTES TO OFF-SITE LOCATIONS</b>		
<b>6.1 DISCHARGES TO PUBLICLY OWNED TREATMENT WORKS (POTWs)</b>		
<b>6.1.A. Total Quantity Transferred to POTWs and Basis of Estimate</b>		
6.1.A.1. Total Transfers (pounds/year) (enter range code or estimate)		6.1.A.2 Basis of Estimate (enter code)
6.1.B. ——— POTW Name		
POTW Address		
City	State	County Zip
6.1.B. ——— POTW Name		
POTW Address		
City	State	County Zip
If additional pages of Part II, Section 6.1 are attached, indicate the total number of pages in this box <input type="text"/> and indicate which Part II, Section 6.1 page this is here <input type="text"/> (example: 1,2,3, etc.)		
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS</b>		
6.2 — OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)		
Off-Site Location Name		
Off-Site Address		
City	State	County Zip
Is location under control of reporting facility or parent company? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

<b>EPA FORM R</b>		TRI FACILITY ID NUMBER	
<b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>			
Toxic Chemical, Category, or Generic Name			
<b>SECTION 6.2 TRANSFERS TO OTHER OFF-SITE LOCATIONS (continued)</b>			
<b>A. Total Transfers (pounds/year)</b> (enter range code or estimate)		<b>B. Basis of Estimate</b> (enter code)	
		<b>C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery</b> (enter code)	
1.	1.M		
2.	2.M		
3.	3.M		
4.	4.M		
6.2 OFF-SITE EPA IDENTIFICATION NUMBER (RCRA ID NO.)			
Off-Site Location Name			
Off-Site Address			
City	State	County	Zip
<b>Is location under control of reporting facility or parent company?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>A. Total Transfers (pound/year)</b> (enter range code or estimate)		<b>B. Basis of Estimate</b> (enter code)	
		<b>C. Type of Waste Treatment/Disposal/Recycling/Energy Recovery</b> (enter code)	
1.	1.M		
2.	2.M		
3.	3.M		
4.	4.M		
<b>SECTION 7A. ON-SITE WASTE TREATMENT METHODS AND EFFICIENCY</b>			
<input type="checkbox"/> <b>Not Applicable (NA)</b> - Check here if no on-site waste treatment is applied to any waste stream containing the toxic chemical or chemical category.			
<b>a. General Waste Stream</b> (enter code)	<b>b. Waste Treatment Method(s) Sequence</b> (enter 3-character code(s))	<b>c. Range of Influent Concentration</b>	<b>d. Waste Treatment Efficiency Estimate</b> <b>e. Based on Operating Data?</b>
<b>7A.1a</b>	<b>7A.1b</b>	<b>7A.1c</b>	<b>7A.1d</b>
3	1	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	4		
	7		
<b>7A.2a</b>	<b>7A.2b</b>	<b>7A.2c</b>	<b>7A.2d</b>
3	1	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	4		
	7		
<b>7A.3a</b>	<b>7A.3b</b>	<b>7A.3c</b>	<b>7A.3d</b>
3	1	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	4		
	7		
<b>7A.4a</b>	<b>7A.4b</b>	<b>7A.4c</b>	<b>7A.4d</b>
3	1	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	4		
	7		
<b>7A.5a</b>	<b>7A.5b</b>	<b>7A.5c</b>	<b>7A.5d</b>
3	1	%	Yes <input type="checkbox"/> No <input type="checkbox"/>
6	4		
	7		
<b>If additional pages of Part II, Sections 6.2/7A are attached, indicate the total number of pages in this box <input type="checkbox"/> and indicate which Part II, Sections 6.2/7A page this is, here. <input type="checkbox"/> (example: 1.2.3. etc.)</b>			

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<b>EPA FORM R</b>		TRI FACILITY ID NUMBER			
<b>PART II. CHEMICAL-SPECIFIC INFORMATION (CONTINUED)</b>		Toxic Chemical, Category, or Generic Name			
<b>SECTION 7B. ON-SITE ENERGY RECOVERY PROCESSES</b>					
<input type="checkbox"/> Not Applicable (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)]					
1	2	3	4		
<b>SECTION 7C. ON-SITE RECYCLING PROCESSES</b>					
<input type="checkbox"/> Not applicable (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)]					
1	2	3	4	5	
6	7	8	9	10	
<b>SECTION 8. SOURCE REDUCTION AND RECYCLING ACTIVITIES</b>					
<i>All quantity estimates can be reported using up to two significant figures.</i>					
8.1	Quantity released*	Column A Prior Year (pounds/year)	Column B Current Reporting Year (pounds/year)	Column C Following Year (pounds/year)	Column D Second Following Year (pounds/year)
8.2	Quantity used for energy recovery on-site				
8.3	Quantity used for energy recovery off-site				
8.4	Quantity recycled on-site				
8.5	Quantity recycled off-site				
8.6	Quantity treated on-site				
8.7	Quantity treated off-site				
8.8	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds/year)				
8.9	Production ratio or activity index				
8.10	Did your facility engage in any source reduction activities for this chemical during the reporting year? If not, enter "NA" in Section 8.10.1 and answer Section 8.11.				
	Source Reduction Activities [enter code(s)]	Methods to Identify Activity (enter codes)			
8.10.1	a.	b.	c.		
8.10.2	a.	b.	c.		
8.10.3	a.	b.	c.		
8.10.4	a.	b.	c.		
8.11	Is additional optional information on source reduction, recycling, or pollution control activities included with this report? (Check one box)			YES	NO
				<input type="checkbox"/>	<input type="checkbox"/>

\* Report releases pursuant to EPCRA Section 329(b) including "any spilling, leaking, pumping, pouring, emitting, emptying, discharging, injecting, escaping, leaching, dumping, or disposing into the environment." Do not include any quantity treated on-site or off-site.

EPA Form 9350 - 1 (Rev. 04/97) - Previous editions are obsolete.





# NPRI - The National Pollutant Release Inventory

## PART A - FACILITY IDENTIFICATION

All fields are mandatory unless otherwise noted.  
Please print and refer to the guide for additional information.

A1.0	Reporting Year :	1997
A1.1	NPRI ID :	

A2.0	FACILITY IDENTIFICATION & SITE ADDRESS	
A2.1	Company Name :	
A2.2	Facility Name :	
A2.3	Street Address :	
A2.4	Street Address :	
A2.5	City / District :	
A2.6	Province / Territory :	
A2.7	Postal Code :	

A3.0	NUMBER OF FULL-TIME EMPLOYEES OR EQUIVALENT
A3.1	Number of Employees :

A4.0	FACILITY PUBLIC CONTACT	
A4.1	Title :	Dr ( ) Mr ( ) Mrs ( ) Miss ( ) Ms ( )
A4.2	First Name :	
A4.3	Last Name :	
A4.4	Position :	
A4.5	Telephone No :	( ) - - Ext. :
A4.7	Facsimile No :	( ) - -

A5.0	FACILITY PUBLIC CONTACT ADDRESS	
Is the mailing address for the public contact in A4.0 different from the facility's site address in A2.0 ?		( ) Y/N
If you answer Yes, please provide the address below.		
A5.1	Company Name :	
A5.2	Facility Name :	
A5.3	Mailing Address :	
A5.4	Mailing Address :	
A5.5	City / District :	
A5.6	Province / Territory :	Postal Code :
A5.8	State :	Zip Code/Other :
A5.10	Country :	





# NPRI - The National Pollutant Release Inventory

## PART A - FACILITY IDENTIFICATION

FACILITY TECHNICAL CONTACT	
A6.0	Title :
A6.1	Dr ( ) Mr ( ) Mrs ( ) Miss ( ) Ms ( )
A6.2	First Name :
A6.3	Last Name :
A6.4	Position :
A6.5	Telephone No : ( ) - ( ) Ext :
A6.7	Facsimile No : ( ) - ( )

FACILITY TECHNICAL CONTACT ADDRESS	
A7.0	Is the mailing address for the technical contact in ( ) Y/N If you answer Yes, A6.0 different from the facility's site address in A2.0 ? please provide the address below.
A7.1	Company Name :
A7.2	Facility Name :
A7.3	Mailing Address :
A7.4	Mailing Address :
A7.5	City / District :
A7.6	Province / Territory Postal Code :
A7.8	State : Zip Code/Other :
A7.10	Country :

COMPANY COORDINATOR	
A8.0	A company coordinator is responsible for receiving all NPRI correspondence for all your facilities. Do you wish that we send all correspondence to a company coordinator ? ( ) Y/N If you answer Yes, please provide the information below.
A8.1	Title :
A8.2	First Name :
A8.3	Last Name :
A8.4	Position :
A8.5	Telephone No : ( ) - ( ) Ext.:
A8.7	Facsimile No : ( ) - ( )

COMPANY COORDINATOR ADDRESS	
A9.0	Is the mailing address for the company coordinator in A8.0 different from the facility's site address in A2.0 ? ( ) Y/N If you answer Yes, please provide the address below.
A9.1	Company Name :
A9.2	Facility Name :
A9.3	Mailing Address
A9.4	Mailing Address :
A9.5	City / District :
A9.6	Province / Territory : Postal Code :
A9.8	State : Zip Code/Other :
A9.10	Country :



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# NPRI - The National Pollutant Release Inventory

## PART A - FACILITY IDENTIFICATION

A10.0	STANDARD INDUSTRIAL CLASSIFICATION CODE (SIC)
A10.1	2-Digit Canadian SIC Code :
A10.2	4-Digit Canadian SIC Code :
A10.3	4-Digit American SIC Code :

A11.0	PARENT COMPANY INFORMATION
A11.1	Is the facility controlled by another company or companies ? ( ) Y/N If Yes, please use Appendix A.

A12.0	REGULATIONS AND PERMITS (Optional)
A12.1	Do you report under other environmental regulations or permits ? ( ) Y/N If Yes, please use Appendix B.

A13.0	OFF-SITE TRANSFERS
A13.1	Do you send waste containing NPRI substances, for which you are reporting, to an off-site facility or municipal sewage treatment plant? OR Do you send NPRI substances, for which you are reporting, for recovery /re-use / recycling to an off-site facility ? ( ) Y/N If Yes, please use Appendix C to list all off-site facilities.

A14.0	RELEASES TO SURFACE WATER BODIES
A14.1	Do you release any NPRI substances to surface waters ? ( ) Y/N If Yes, please use Appendix B to list all surface water bodies.

A15.0	COMMENTS ON THE FACILITY (Optional)

A16.0	EXECUTIVE CONTACT CERTIFYING THIS SUBMISSION
A16.1	Title : Dr ( ) Mr ( ) Mrs ( ) Miss ( ) Ms ( )
A16.2	First Name :
A16.3	Last Name :
A16.4	Position :





# NPRI - The National Pollutant Release Inventory

## PART A - FACILITY IDENTIFICATION

EXECUTIVE CONTACT ADDRESS	
A17.0	<p>Is the mailing address for the executive contact in A16.0 different from the facility's site address in A2.0 ?</p> <p>( ) Y/N If Yes, please provide the address below.</p>
A17.1	Company Name :
A17.2	Facility Name :
A17.3	Mailing Address :
A17.4	Mailing Address :
A17.5	City / District :
A17.6	Province/Territory :
A17.8	State : Postal Code :
A17.10	Country : Zip Code/Other :



# NPRI - The National Pollutant Release Inventory

## PART B - SUBSTANCE SPECIFIC INFORMATION

Please photocopy Part B of the form for each reportable NPRI substance. All fields are mandatory unless otherwise noted. Please print and refer to the guide for additional information.

B1.0	SUBSTANCE IDENTITY	
B1.1	CAS Registry Number :	
B1.2	Substance Name :	

B2.0	NATURE OF ACTIVITIES ( Select at least one activity )
B2.1	MANUFACTURE THE SUBSTANCE ( ) For On-Site Use / Processing ( ) For Sale / Distribution ( ) As a By-product ( ) As an Impurity
B2.2	PROCESS THE SUBSTANCE ( ) As a Reactant ( ) As a Formulation Component ( ) As an Article Component ( ) Repackaging Only ( ) As a By-product
B2.3	OTHERWISE USE THE SUBSTANCE ( ) As a Chemical Processing Aid ( ) As a Manufacturing Aid ( ) Ancillary / Other Use ( ) As a By-product

B10.0	ON-SITE RELEASES	
B10.1	Do you release this substance on site ?	( ) Y / N If No, go directly to section B14.0

B11.0	REPORTING RELEASES LESS THAN ONE TONNE	
B11.1	If the total releases are less than one ( 1 ) tonne, are you reporting this amount as a sum for all media ?	( ) Y / N If Yes, go directly to section B12.5

B12.0	ON-SITE RELEASES OF THE SUBSTANCE TO THE ENVIRONMENT	
B12.1	AIR RELEASES	BASIS OF ESTIMATE ( Select one method )
a)	Stack / Point	C / E / M / O
b)	Storage / Handling	C / E / M / O
c)	Fugitive	C / E / M / O
d)	Spills	C / E / M / O
e)	Other Non-Point	C / E / M / O
B12.2	UNDERGROUND INJECT.	C / E / M / O



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## PART B - SUBSTANCE SPECIFIC INFORMATION

B12.3	RELEASES TO SURFACE WATERS	BASIS OF ESTIMATE (Select one method)	RELEASES (Tonnes / Year)	SURFACE WATER BODY CODES (Appendix B)
a)	Direct Discharges	C / E / M / O		
b)	Spills	C / E / M / O		
c)	Leaks	C / E / M / O		
B12.4	RELEASES TO LAND	BASIS OF ESTIMATE (Select one method)	RELEASES (Tonnes / Year)	
a)	Landfill	C / E / M / O		
b)	Land Treatment	C / E / M / O		
c)	Spills	C / E / M / O		
d)	Leaks	C / E / M / O		
e)	Other	C / E / M / O		
B12.5	TOTAL RELEASES	C / E / M / O		

B13.0	YEARLY BREAKDOWN OF RELEASES BY PERCENTAGE IN EACH QUARTER (Total must be 100 %)		
	( Jan.-March )	( April-June )	( July-Sept. ) ( Oct.-Dec. )
B13.1	%	%	%

B14.0	REASONS FOR CHANGES IN QUANTITIES RELEASES FROM PREVIOUS YEAR ( Select at least one reason )
a)	Changes in Production Levels
b)	Changes in Estimation Methods
c)	Pollution Prevention Activities
d)	Changes in On-site Treatment
e)	Changes in Off-site Transfers for Final Disposal
f)	Changes in Off-site Transfers for Recycling
g)	Other ( specify in comments field B14.2 )
h)	No Significant Change ( i.e. < 10% ) or No Change
i)	Not Applicable ( First year reporting this substance )
B14.2	COMMENTS ON RELEASES ( Optional ) :

B15.0	ANTICIPATED RELEASES ( Tonnes / Year )	
	1998	1999 2000
	2001 ( Optional )	2002 ( Optional )



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## PART B - SUBSTANCE SPECIFIC INFORMATION

B20.0	DO YOU TRANSFER THIS NPRI SUBSTANCE TO OFF-SITE LOCATIONS
B20.1	For Final Disposal ? ( ) Y/N
B20.2	For Recycling ? ( Optional ) ( ) Y/N

B21.0	REASONS WHY SUBSTANCE WERE TRANSFERRED OFF-SITE FOR DISPOSAL or RECYCLING ( Select at least one reason )
a)	Production Residues
b)	Off-specification Products
c)	Expiration Date Passed
d)	Contaminated Materials
e)	Unusable Parts or Discards
f)	Pollution Abatement Residues
g)	Machining or Finishing Residues
h)	Site Remediation Residues
i)	Other

B22.0	OFF-SITE TRANSFERS IN WASTE FOR FINAL DISPOSAL	
B22.1	DISPOSAL METHOD	AMOUNT ( Tonnes / Year )
a)	Physical Treatment	
b)	Chemical Treatment	
c)	Biological Treatment	
d)	Incineration / Thermal	
e i)	Containment: Landfill	
e ii)	Containment: Other Storage	
f)	Mun. Sewage Treatment Plant	
g)	Underground Injection	
h)	Land Treatment	
B22.2	TOTAL	

B23.0	REASONS FOR CHANGES IN QUANTITIES DISPOSED FROM PREVIOUS YEAR ( Select at least one reason )
a)	Changes in Production Levels
b)	Changes in Estimation Methods
c)	Pollution Prevention Activities
d)	Changes in On-site Treatment
e)	Changes in Off-site Transfers for Recycling
f)	Other ( specify in comments field B23.2 )
g)	No Significant Change ( i.e. < 10% ) or No Change
h)	Not Applicable ( First year reporting this substance )





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## PART B - SUBSTANCE SPECIFIC INFORMATION

B23.2	COMMENTS ON QUANTITIES DISPOSED ( Optional )		
B24.0	ANTICIPATED DISPOSALS ( Tonnes / Year )		
B24.1	1998	1999	2000
	2001 ( Optional )	2002 ( Optional )	
B25.0	OFF-SITE TRANSFERS FOR RECYCLING		
Section B25.0 is Optional. You may fill this section if you answered Yes at question B20.2			
B25.1	RECYCLING METHOD	AMOUNT (Tonnes/Year)	OFF-SITE CODES ( see Appendix C )
a)	Energy Recovery		
b)	Recovery of Solvents		
c)	Recovery of Organic Substances (Not Solvents)		
d)	Recovery of Metals and Metal Compounds		
e)	Recovery of Inorganic Materials (Not Metals)		
f)	Recovery of Acids and Bases		
g)	Recovery of Catalysts		
h)	Recovery of Pollution Abatement Residues		
i)	Refining or Re-use of Used Oil		
j)	Other		
B25.2	TOTAL		
B26.0	REASONS FOR CHANGES IN QUANTITIES RECYCLED FROM PREVIOUS YEAR ( Select at least one reason ) (Optional)		
a)	Changes in Production Levels		
b)	Changes in Estimation Methods		
c)	Pollution Prevention Activities		
d)	Changes in On-site Treatment		
e)	Changes in Off-site Transfers for Final Disposal		
f)	Other (specify in comments field B26.2)		
g)	No Significant Change ( i.e. < 10 % ) or No Change		
h)	Not Applicable ( First year reporting this substance )		





# NPRI - The National Pollutant Release Inventory

## PART B - SUBSTANCE SPECIFIC INFORMATION

B26.2	COMMENTS ON RECYCLING (Optional)	

B27.0	ANTICIPATED RECYCLING (Tonnes / Year) (Optional)		
B27.1	1998	1999	2000
	2001	2002	

B30.0	POLLUTION PREVENTION ACTIVITIES (P2) (Select at least one activity)	
a)	Materials or Feedstock Substitution	
b)	Product Design or Reformulation	
c)	Equipment or Process Modifications	
d)	Spill or Leak Prevention	
e)	On-site Recovery, Re-use or Recycling	
f)	Inventory Management or Purchasing Techniques	
g)	Good Operating Practice or Training	
h)	Other (specify in comments field B30.2)	
i)	No Pollution Prevention Activities	
B30.2	COMMENTS ON P2 (Optional)	

B40.0	PRODUCTION RATIO / ACTIVITY INDEX (Optional)
B40.1	



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# NPRI - The National Pollutant Release Inventory

## APPENDIX A PARENT COMPANIES

NPRI ID :

If you answered Yes in section A11.1, please list parent company or companies

PARENT COMPANY	
P1.0	
P1.1	Ownership percentage : %
P1.2	Parent Company Name :
P1.3	Mailing Address :
P1.4	Mailing Address :
P1.5	City / District :
P1.6	Province / Territory : Postal Code :
P1.8	State : Zip Code / Other :
P1.10	Country :

PARENT COMPANY	
P1.0	
P1.1	Ownership percentage : %
P1.2	Parent Company Name :
P1.3	Mailing Address :
P1.4	Mailing Address :
P1.5	City / District :
P1.6	Province / Territory : Postal Code :
P1.8	State : Zip Code / Other :
P1.10	Country :

PARENT COMPANY	
P1.0	
P1.1	Ownership percentage : %
P1.2	Parent Company Name :
P1.3	Mailing Address :
P1.4	Mailing Address :
P1.5	City / District :
P1.6	Province / Territory : Postal Code :
P1.8	State : Zip Code / Other :
P1.10	Country :





# NPRI - The National Pollutant Release Inventory

## APPENDIX B REGULATIONS & PERMITS AND SURFACE WATER BODIES

NPRI ID :

REGULATIONS & PERMITS (Section A12.0) (Optional)	
ID Number	Government Department, Agency or Program Name

SURFACE WATER BODIES (Codes to be used in section B12.3)	
Alphabetical Code	Name of water body, stream, creek, river, etc.
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	
K	



# NPRI - The National Pollutant Release Inventory

## APPENDIX C OFF-SITE FACILITIES

NPRI ID :

OFF-SITE FACILITY	
S1.0	
S1.1	Off-Site Code : 01 Use off-site codes (i.e. 01, 02, 03 etc...) to indicate off-site facilities or MSTPs in sections B22.0 and B25.0
S1.2	Facility or MSTP Name :
S1.3	Mailing Address :
S1.4	Mailing Address :
S1.5	City / District :
S1.6	Province / Territory : Postal Code :
S1.8	State : Zip Code / Other :
S1.10	Country :

OFF-SITE FACILITY	
S1.0	
S1.1	Off-Site Code : Use off-site codes (i.e. 01, 02, 03 etc...) to indicate off-site facilities or MSTPs in sections B22.0 and B25.0
S1.2	Facility or MSTP Name :
S1.3	Mailing Address :
S1.4	Mailing Address :
S1.5	City / District :
S1.6	Province / Territory : Postal Code :
S1.8	State : Zip Code / Other :
S1.10	Country :

OFF-SITE FACILITY	
S1.0	
S1.1	Off-Site Code : Use off-site codes (i.e. 01, 02, 03 etc...) to indicate off-site facilities or MSTPs in sections B22.0 and B25.0
S1.2	Facility or MSTP Name :
S1.3	Mailing Address :
S1.4	Mailing Address :
S1.5	City / District :
S1.6	Province / Territory : Postal Code :
S1.8	State : Zip Code / Other :
S1.10	Country :



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Appendix-C



FORM COA

## CERTIFICATE FOR THE OPERATION OF INDUSTRIAL FACILITIES UNDER FEDERAL JURISDICTION FOR THE YEAR \_\_\_\_\_

TO BE COMPLETED BY INE-SEMARNAP	
<b>1) APPLICATION NUMBER:</b>	
<b>3) RECEIVED BY:</b>  <div style="border-bottom: 1px solid black; width: 80%; margin-left: 0;"></div> <p style="text-align: right; margin-top: 5px;">Name and signature</p>	<b>2) ENVIRONMENTAL REGISTRATION NUMBER:</b>          <p style="text-align: right;">(Signature with date received)</p>

In compliance with Articles 5, sections VI, XII and XVII, 109 BIS, 109 BIS 1 and 111, of the General Law of Ecological Equilibrium and Environmental Protection (LGEEPA); Articles 86, 88, 89, 90 and 91 of the Law on National Waters; and pursuant to the Agreement through which the National Ecological Institute (INE), shall issue a Single Environmental License and request an Annual Operation Certificate, the company I represent hereby provides the following information to INE regarding the annual facility operations covered by Environmental Registration Number: \_\_\_\_\_

TO BE COMPLETED BY THE INDUSTRIAL FACILITY	
<b>5) PLACE AND DATE OF CERTIFICATE COMPLETION:</b>  Day: <input style="width: 30px;" type="text"/> Month: <input style="width: 30px;" type="text"/> Year: <input style="width: 30px;" type="text"/>	<div style="border-bottom: 1px solid black; width: 80%; margin-left: 0;"></div> <p style="text-align: right; margin-top: 5px;">Name and signature of the legal representative</p>
<p>I declare that the information contained in this request and the appendices thereto is true. In case of any omissions or false declarations, SEMARNAP may cancel this application or apply appropriate administrative sanctions.</p>	<div style="border-bottom: 1px solid black; width: 80%; margin-left: 0;"></div> <p style="text-align: right; margin-top: 5px;">Name and signature of the technical officer</p>

**WHO SHOULD MAKE THIS APPLICATION?**

This form shall be submitted by industrial facilities having a Single Environmental License or an Operating License.

**INSTRUCTIONS FOR THE COMPLETION OF THIS FORM:**

The data in the tables provided in the General Catalogue of Instructions shall be used to complete this form. The following instructions must also be followed:

- One certificate form shall be completed for each facility.
- 2) This form shall be completed in typewritten or in clearly printed letters in blue or black ink.
- 3) Those spaces where facility data are identical to those reported in the LAU (Single Environmental License) or to those reported previously with this same form for the last Operation Certificate shall not be completed. If an electronic version of the form is being used, ensure that the previously reported data which the form included have not been altered.
- 4) The Operation Certificate Form shall be prepared in one original and one copy and/or in electronic form (floppy disk), with a printed cover page duly signed by the legal representative and the technical officer.
- 5) If the requested information is not available, this should be indicated by ND (Not Available); if the information is nil, this should be indicated by 0 (zero). If the information is not applicable, this should be indicated by NA (Not Applicable).
- 6) If the space provided on the printed form is not large enough to contain the requested information, additional pages should be appended following the model of that heading.
- 7) The General Operational Diagram requested shall be prepared according to the example included in Appendix 3 of the General Instructions.
- 8) Section V of the Operation Certificate shall be completed only for substances or chemical categories listed in Table 18 of the General Catalogue of Instructions.
- 9) Facilities using this Operation Certificate form for the first time shall also complete as an appendix, on a one-time basis, the Registration Data on the application form for the Single Environmental License, pages 3 and 4.

**I. GENERAL TECHNICAL INFORMATION**

If the facility is using this reporting form for the first time, it shall complete the general technical information requested in this section of the Certificate. If the facility has a Single Environmental License or has used this reporting form previously, it shall enter only the changes made for the reported year. We remind you that changes of Name, Company Name, process or reductions or increases in production should have been reported when they took place at the Applications Office. If there was a change of address or transfer of the facility, the company would have applied for a new License and would therefore have a new Environmental Registration Number. Annual data on raw material and fuel consumption and production shall also be reported in this section.

**1.1 CHANGE OF NAME OR COMPANY NAME**      Date of notice :    Day      Month      Year

**1.2 CHANGE OF LEGAL REPRESENTATIVE**      Date of notice :    Day      Month      Year

**1.3 COMPANY REPRESENTATIVE <sup>1</sup>**

Name or company name:	RFC:
Address: _____	
Street: _____	
Building and Floor Numbers: _____	Neighbourhood: _____
Locality (except Mexico City): _____	Postal Code: _____
Municipality or Delegation: _____	Federal Body: _____
Telephones: _____	Fax: _____
	Electronic Mail: _____

**1.4 EQUIVALENT NUMBER OF EMPLOYEES <sup>2</sup> :**

**1.5 RISKS AND CONTINGENCIES**

1.5.1 Date of submission of the last Risk Assessment:      Day      Month      Year

1.5.2 Date of the last update of the Accident Prevention Program:      Day      Month      Year

1.5.3 If applicable, date of update of the Contingency Program:      Day      Month      Year

1.5.4 If located in the Metropolitan Area of Mexico City, or in an area having an Environmental Contingency Program, give the date your Participation Plan for the Program was submitted:      Day      Month      Year

<sup>1</sup> Information on the facility representative authorized to deal with the public and clarify any information supplied in this Certificate.  
<sup>2</sup> Divide the total number of man hours (total facility staff) by 2000 hours.

**1.6 PROCESS DESCRIPTION**

If necessary due to changes in the facility or if using this form for the first time, prepare the *General Operating Diagram* and the *Table of consumption, generation and/or release points*, following the example included in the General Instructions. The diagram shall include all areas (production, wastewater treatment, waste management, services, etc.) where there are consumption points of raw materials, water or energy, or where pollutants are generated, stored or released.

**1.7 RAW MATERIALS** (not applicable to hazardous waste treatment facilities)

Name <sup>3</sup>		CAS Number	Consumption point <sup>4</sup>	Physical state <sup>5</sup>	Type of storage <sup>6</sup>	Annual consumption	
Commercial	Chemical					Amount <sup>7</sup>	Unit <sup>8</sup>

**1.8 PRODUCTS** (not applicable to hazardous waste treatment facilities)

Product name	Type of storage <sup>6</sup>	Installed production capacity		Annual production	
		Amount <sup>7</sup>	Unit <sup>8</sup>	Amount <sup>7</sup>	Unit <sup>8</sup>

**1.9 ENERGY CONSUMPTION**

Consumption points <sup>9</sup>	Energy type <sup>10</sup>	Annual consumption	
		Amount <sup>7</sup>	Unit <sup>8</sup>

<sup>3</sup> Indicate both names when possible and if available the Chemical Abstracts Service identification number (CAS number).

<sup>4</sup> **Consumption point.** Number appearing in the General Operating Diagram.

<sup>5</sup> **Physical state.** Physical State Codes may be consulted in Table 1 of the General Catalogue.

<sup>6</sup> **Type of storage.** According to Table 2 of the General Catalogue.

<sup>7</sup> **Amount.** According to the Table in which it appears, referring to value of, consumption, release, transfer, storage, etc.

<sup>8</sup> **Unit.** Any unit customarily used in the facility may be used; we recommend use of the Decimal Metric System or by default the Imperial System.

<sup>9</sup> When energy consumption per process is unknown, consumption point could refer to the facility's input point(s).

<sup>10</sup> Indicate whether the energy comes from an electrical current input (EE) or if it is internally generated in the facility through fossil fuel combustion (CF), use of combustible waste (RC) or through another generation method (OM).

**1.10 FUEL(S) USED**

Combustion equipment	Capacity		Burner type	Fuel type	Consumption point <sup>11</sup>	Is it pre-heated? <sup>12</sup>	Annual consumption	
	Amount	Unit					Amount	Unit

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**II. ATMOSPHERIC POLLUTION**

Pursuant to Article 19 of the LGEEPA Regulations on Atmospheric Pollution Prevention and Control, the following data shall be provided the first time this reporting form is used or when the facility data are different from those reported in the Single Environmental License, the Release Inventory or the last Operating Certificate:

**2.1 POLLUTANT RELEASE POINTS**

Name of machine, equipment or activity	Release point <sup>13</sup>	Release expense		Estimation method <sup>14</sup>	Control equipment or method	Estimated efficiency of control equipment <sup>15</sup>
		Amount	Unit			

<sup>11</sup> When energy consumption per process is unknown, consumption point could refer to the facility's input point(s).

<sup>12</sup> State Yes or No.

<sup>13</sup> **Release point.** Number appearing in the General Operating Diagram.

<sup>14</sup> **Estimation method.** According to Table 3 of the General Catalogue, when no standard applies.

<sup>15</sup> Efficiency of the pollutant reduction control equipment, in percent.





If this form is being used for the first time or if the data requested are different from those called for in the Application for a Single Environmental License or in the last Operation Certificate, the following data shall be provided for purposes of information.

**3.1 ANNUAL WATER USE**

Concession or assignment license number <sup>25</sup>		Amount <sup>7</sup>	Unit <sup>8</sup>
Water extraction source:			
Drinking water network			
Surface			
Underground			
Salt water			
Treated (reuse)			
Other (specify)			

**3.2 DISCHARGE OF WASTEWATERS**

3.2.1 Changes to the permit or authorized discharge registration

Discharge permit or registration number	
Certificate of change number issued by the Public Registry of Water Rights (REPDA)	

3.2.2 General discharge data

Discharge type <sup>26</sup>	Release point <sup>27</sup>	Discharge number <sup>28</sup>	Hydrological region <sup>29</sup>	Discharge frequency <sup>30</sup>	Crop Irrigation <sup>31</sup>	Treatment <i>in situ</i>	
						Code <sup>32</sup>	Amount

<sup>25</sup> If there is no grant of concession or assignment, append a copy of the confirmation of connection to the drinking water system.

<sup>26</sup> **Discharge type.** According to Table 4 of the General Catalogue.

<sup>27</sup> **Release point.** Number appearing in the General Operating Diagram

<sup>28</sup> When pertinent, state the relationship between the release points identified in the diagram of the facility's consumption and release points and the discharge numbers appearing in the application made to the National Water Commission.

<sup>29</sup> According to Table 17 of the General Catalogue.

<sup>30</sup> Indicate if continuous (C), intermittent (I) or occasional (F).

<sup>31</sup> Indicate whether restricted (R) or not restricted (N).

<sup>32</sup> **Treatment methods.** See Tables 5, 6 and 7 of the General Catalogue.

3.2.3 Wastewater discharge quality description <sup>33</sup>

Parameter	Discharge number <sup>34</sup>	
Annual volume [liters]		
Hydrogen potential (pH)		
Temperature [°C]		
Fats and oils [mg/l]		
Floating matter (present or absent)		
Sedimentable solids [ml/l]		
Total suspended solids [mg/l]		
Biochemical oxygen demand (DBO <sub>5</sub> ) [mg/l]		
Total nitrogen [mg/l]		
Total phosphorus [mg/l]		
Fecal coliform bacteria [NMP/100 ml]		
Helminth eggs [organisms/l]		

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IV. HAZARDOUS WASTE GENERATION, TREATMENT AND TRANSFER

Pursuant to NOM-052-ECOL-93, NOM-053-ECOL-93 or when providing hazardous waste treatment services, industrial facilities shall provide the following information when this form is used for the first time or when the data requested are different from those reported in the Single Environmental License or the last Certificate of Operation:

4.1 HAZARDOUS WASTE GENERATION AND TREATMENT WITHIN THE FACILITY

Generation point <sup>35</sup>	Waste identification		Annual generation		Treatment or disposal method	
	NOM-052-ECOL-93 <sup>36</sup>	Code <sup>36</sup>	Amount	Unit	Code <sup>37</sup>	Treatment capacity
						Amount
						Unit

<sup>33</sup> Annual average as a function of the volume. Value estimated based on the data presented during the reported year to the authorities (if the CNA, use the figures given in the quarterly declarations for the right to release).

<sup>34</sup> Enter discharge numbers appearing in the application made to the National Water Commission.

<sup>35</sup> Generation point. Number appearing in the General Operating Diagram.

<sup>36</sup> Hazardous waste code according to Table 8 of the General Catalogue.

<sup>37</sup> Treatment or disposal methods. See Tables 5, 6, 7, 9, 10, 11, 12, 13 and 14 of the General Catalogue.  
<sup>38</sup> Waste identification number according to NOM-052-ECOL-93, indicating Table number and appendix where listed or CRETIB code. If the waste is not listed, the corresponding CRETIB analysis should be attached.

**4.2 HAZARDOUS WASTE STORAGE WITHIN THE FACILITY**

Generation point	Waste identification		Type <sup>41</sup>	Storage <sup>39</sup>				Time (days)		
	NOM-052-ECOL-93 <sup>43</sup>	Code <sup>40</sup>		Storage description <sup>42</sup>	Site	Material	Ventilation		Lighting	Capacity
								Amount	Unit	

**4.3 HAZARDOUS WASTE TRANSFERS** <sup>44</sup>

Generation point	Waste identification		Handling company <sup>45</sup>	Total transferred	
	NOM-052-ECOL-93	Code		Amount	Unit

**4.4 HAZARDOUS WASTE TREATMENT COMPANIES** <sup>46</sup>

Waste identification	Treatment or disposal method <sup>47</sup>	Annual total handled	
		Amount	Unit
NOM-052-ECOL-93			

<sup>39</sup> Pursuant to Articles 14 to 21 of the LGEEPA Hazardous Wastes Regulations, append a detailed description of how the waste is stored and the site or sites within the facility, indicating drainage and water networks within the storage area as well as the safety measures taken.

<sup>40</sup> **Hazardous waste code**, according to Table 8 of the General Catalogue.

<sup>41</sup> **Type of storage**. See Table 2 of the General Catalogue.

<sup>42</sup> **Storage features**. See Table 15 of the General Catalogue.

<sup>43</sup> Waste identification number according to NOM-052-ECOL-93, indicating Table number and appendix where listed or CRETIB code. If the waste is not listed, the corresponding CRETIB analysis should be attached.

<sup>44</sup> The hazardous wastes generator shall contract only the services of companies authorized to handle such wastes by the INE (Articles 151 BIS of the LGEEPA and 10 of the Hazardous Wastes Regulations).

<sup>45</sup> Enter the Hazardous Wastes Treatment Permit Number issued by the INE.

<sup>46</sup> This section is to be completed only by companies providing hazardous waste treatment services.

<sup>47</sup> **Treatment method code**. See Tables 5, 6 7, 10, 11, 12, 13 and 14 of the General Catalogue.









